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ARTICLE I.

Therapeutic Use of Hygienic Measures.—(Extracted from the Introductory Lecture of JOHN MCLEAN, M.D., Prof. of Mat. Med. &c., in Rush Medical College: Session of 1849–50.)

Hygiene is intimately connected with Medical Science; and its nature is such, that we think it may be advantageously considered in connection with general therapeutics. It is a branch of medical education, in the principles of which the student of medicine should be thoroughly instructed.

By Hygiene is understood that science, which instructs us how to preserve health. Hygienic agents are such as air, light, aliment, exercise, clothing, excretions, sleep, and affections of the mind. In our course of lectures, we shall not only consider how they may be employed for the purpose of preserving health, but also, for the removal of diseased action.

By the ancients, these agents were called by the absurd name of non-naturals,—a much better appellation would have been naturals; for their proper use is absolutely essential to

health, and also for the removal of disease, which, by their judicious management may many times be mitigated, or even cured, without the interference of medicine.

Hygiene has been too much neglected in medical education. It has been almost entirely overlooked, and the physician is left to acquire it, by a long course of observation and practice. Dr. Combe, in his principles of Physiology, says: "I have deplored the ignorance of the profession on this subject, which is the result of the little attention, that has been paid to it in the schools. The prominent aim of medicine, being to discriminate and cure disease, both the physician and the student fix upon that as their chief object, and are consequently apt to overlook the indirect but substantial aid, which an acquaintance with the laws of health is calculated to afford in restoring, as well as in preserving the healthy from disease. It is true, that almost every medical man, sooner or later, works out this knowledge for himself; but, in general, he attains it later than he ought to do; and seldom so completely as he would have done, had it been made a part of his elementary education, to which he saw others attaching importance."

"In my own instance, (says Dr. Combe,) it was only when entering upon practice, that I had first, occasion to feel and observe the evils arising from the ignorance which prevails in society in regard to it."

That physician who is acquainted with the principles of Hygiene, and acts accordingly, is much more successful in practice, all other things being equal, than he who is entirely ignorant on the subject. And why should we wonder at it; for when ignorant of the laws of health, the physician may prescribe his nauseous drugs for the purpose of combating disease, while at the same time, the hygienic condition may be such as to produce and foster the very disease he, by his remedies, is trying to overcome; and notwithstanding, they are thus working against his remedies, are entirely overlooked,

and medicines are forced down in greater varieties and larger quantities, trying to effect that, which a little attention to the laws of health might speedily produce.

The more we see of disease and practice, the more are we convinced of the importance of Hygiene, and the necessity of its being made, more than it ever has been, a regular branch of medical education.

The student should study it systematically, with care and attention, until he becomes familiar with its principles; and it too, should be taught in all our schools of medicine.

The physician who has been long in practice, must have seen many diseases where the administration of mere drugs was attended with but very little benefit; but which, when accompanied with the proper hygienic treatment, were easily and speedily removed.

That physician who understands well the laws of health, and acts accordingly, and instructs others and his patients in the same principles, is truly a benefactor of mankind,—much more so than he, who is ignorant on this matter, disregards it entirely, and passes on through life, administering to the sick his medicines, regardless of those things, which may be more necessary to the welfare of his patients, than the medicines, upon which is placed so much dependence.

The practice of medicine has often been brought into disrepute, in consequence of not paying sufficient attention to this department. In many cases, medicines are given month after month and year after year, without any apparent benefit, in consequence of trusting altogether to their use. This and that physician are consulted. Medicines of various kinds are taken in great quantities, until the system has become completely drugged, and all, too, without any good resulting.—Now, tired of this, the system of infinitesimal doses is resorted to, which may amuse the imagination; and while it is productive of no positive injury, may, (in consequence of the suspension of an injurious medication,) be, apparently, productive

of some good. But, in many instances, where the disease might be removed by a proper attention to the principles of Hygiene, in connection with a well directed course of medicine, it, too, fails, in consequence of neglecting those things, so necessary for the restoration of health.

Finally, in consequence of this non-success, the patient becomes disgusted with all systems and kinds of medicines, when, if he had only attended to a few rules of Hygiene, he might speedily have regained his health. Cases of this kind are many, and are almost daily presenting themselves to the practitioner. In order to illustrate the subject, we will suppose a case, and one too, that is of freqnent occurrence.—Here is an individual, who confines himself to his room, and there is fixed in an awkward and unnatural position, engaged, it may be, in writing, or some mechanical pursuit. He takes but little exercise, and gratifies his appetite with much, and many kinds of food, which is not the most easy of digestion.—He soon experiences a sense of illness, wandering pains, loss of appetite, a furred tongue, disordered digestion, constipated or relaxed bowels, lowness of spirits, and restless nights. A physician is consulted, and medicines are prescribed and taken; but the causes which produced the disease are still in full operation. For a few days, the medicine may appear to do good; but, in a little while, all the unpleasant symptoms return with increased energy. Encouraged by the slight relief that was obtained, he resorts to the same measures again and with the same result.

In this manner, violating the laws of health, he is kept along month after month, and it may be, year after year, and is growing no better. Now, in such a case, the patient would be much more likely to regain his health, by acting in accordance with the principles of Hygiene, and taking less medicine.

In combating disease, we should lay hold of every means in our power, no matter whether they are dignified with the

name of medicine or not. Whenever we can, we should call Hygiene to our aid; and for the restoration of health, it and medicine should work together.

Every physician who has been in practice for any length of time, must frequently have noticed, in many functional diseases, the therapeutic effects resulting from a properly directed course of Hygienic treatment. Under their influence, the mind is diverted from itself, and delighted and supported with pleasing thoughts. The lungs receive that amount and quality of air, which will enable them healthfully to perform their office; the body receives that amount of exercise which its condition demands---it is acted upon by the proper degree of warmth, supported with the necessary quantity and quality of food, and refreshed with the proper hours of undisturbed repose; and no wonder, that under the combined influence of all these causes, many functional diseases should give way to their health restoring power. When properly employed, they

> "Exalt each joy, allay each grief,
> Expel disease, and soften every pain."

How much of the good produced, in the treatment of disease upon the principles of Homœopathy, is due to the influence of these causes, we will not, now, pretend to say; but will leave it for you and others, who shall investigate the matter, to judge for yourselves.

If these agents are so beneficial, that of their opposites must be deleterious in the extreme. Were it necessary, we might go on, and mention a long catalogue of their evils, at the end of which steps in despair and snatches away the last remaining cup of human consolation.

> "Dire was the tossing, deep the groans,
> Despair tended the sick, busiest from couch
> To couch; and over them triumphant death
> His dart shook, but delayed to strike,
> Tho' oft invoked with voice, as their chief
> Good and final hope."

In the light we have been viewing this subject, it directs us how to employ these agents as therapeutic means; and as such, the consideration of it, properly belongs to general therapeutics; and we consider, that a course of instruction on this subject, cannot be complete, nor what it should be, if this be neglected. The physician should understand how these agents should be used, so as best to preserve and restore health; and as it is closely connected with our department, we shall take the privilege of speaking upon the subject somewhat in detail, in our course of Lectures upon Materia Medica and general Therapeutics.

ARTICLE II.

Two Cases of Lead Colic.—By R. A. SPENCER, M.D., of Monticello, Ind.

Daniel Collier and his wife complained on the 15th of Nov. of an intermitting pain in the stomach and about the umbilicus, for which I ordered to each a cathartic of Scammony to be followed, so soon as catharsis was produced, by a full dose of Morphine.

Upon the 16th, I received notice that the medicine had not acted, and that both were worse. I suspected, as soon as I saw the family to-day, that the disease under consideration was Lead Colic, and that it had been produced upon the man by the use of xx grs. of Acet. Plumbi, given with Camphor and Opii, some days before, for profuse night-sweats; but this did not account for the woman's symptoms, and I inqured of her whether she had taken any of the medicine

sent to Mr. Collier, and she answered positively, no. I had used Acet. Plumbi with Opium for many years without any bad symptoms following it, and I could not easily believe this, even in the woman's case, to be from the medicinal use of lead. Upon a faithful search, we were able to discover, what at least satisfied me, of the cause of this disease in both patients. The family used a jug glazed with the oxide of lead for the purpose of keeping their vinegar in; the children used but little of this, for they said it had not a good taste. None of them have presented the symptoms of Lead Cholic. Upon inspection, we found the glazing entirely corroded and dissolved. Be the cause of Mr. Collier's disease what it may, if this was not the cause of *Mrs. Collier's* sickness, I cannot conceive what is.

These patients, some years ago, were the subjects of salivation, and hence Mercury, could not be used to any extent, as it quickly produced constitutional symptoms. The treatment, for the first four days, consisted in fomentations to the abdomen, full doses of opium in some shape, and the occasional use of cathartics, which were made to act only in large and frequent doses. In these cases there was no blueness of the edge of the gums at any time. I determined to try the effect of Sulphuric Acid, in the gentleman's case, after every thing had failed to give permanent relief, and the pain ceased at once, the bowels moved spontaneously, notwithstanding that the whole farago of opiates were suspended from the time of the first dose of the dilute Acid. The man was soon restored to health. If this is the experience of other physicians I shall be puzzled not a little, to know how this remedy effects such signal triumphs over a disease in which even our vaunted opium stands powerless. It may scatter its roses upon the pillow of the sick, allay the pangs of the dying, and quiet the irritable nerves, while Dame Nature, and her help-mate, Man, conduct the wandering functions back to health; but it is considerably inferior to the Sul. Acid, in this abominable and

harrassing disease. The great remedy of a recent writer in the American Journal, was Opium,—it has been emphatically *the remedy* of the Profession.

Mrs. Collier was still treated with opium, cathartics, &c., until the disease seemed to be incorrigible, and then was put upon the use of Alum, all other treatment suspended, except an occasional cathartic, for some days she was comfortable, and gave promise of speedy convalescence; but pains came on in the arms, at the elbow joint, running down the forearm, and Morphine was given. You may wonder why I did not give the Acid. In answer, I have only to say, I felt like making a test of the comparative value of the two remedies.

From this on, pains measurably ceased in the bowels.—They moved spontaneously. The pains in the arms were only transient, and in a few weeks ceased, without paralysis or other permanent effect. In fact, the amendment dated from the use of Alum, though I give the Acid the preference, as far as one case can be invoked for proof, but the last remedy was quite satisfactory.

Thirty or forty cases might furnish objections to these remedies, but here is a faithful account of their effects in two cases.

ARTICLE III.

A Case of Eclampsia Parturientium.—By DAVID HUTCHINSON, M.D., of Mooresville, Ind.

Nov. 15th, 1849, 10 o'clock A. M. Was called to Mrs. S. B.; aet. 21; first pregnancy; at the completion of the ninth month. Face, upper and lower extremeties œdematous.

Labia pudenda swollen; each labium as large externally as a man's hand; pulse full, not very frequent; suffers from soreness of swollen labia. Prescribed a cathartic of Pulv. Jalap and Bitartarate of Potass.

Five o'clock, P. M. Was called again. Pulse full, tense and frequent; has complained of being blind; head was hot, and takes but little notice of any thing. Venesection, 20 ℥ before the operation was complete a paroxysm of convulsions ensued, which lasted between five and ten minutes. The muscles of the face and limbs were violently contorted. Frothing at the mouth, and dilated pupils, followed by insensibility and stertorous breathing. Cold applications were assiduously applied to the head, and sinapisms to the calves of the legs and nape of the neck. At this period, the face was flushed, head hot, pulse 140 and 150 per minute. In twenty minutes she had another paroxysm of convulsions, more violent than the first. Pulse very small and frequent in the paroxysm; head hot; frothing at the mouth, and stertorous breathing and insensibility; jaws clenched; cannot swallow; poured cold water in a stream from a pitcher on the head; examined per vaginam and found the os uteri dilated enough to admit the point of the fore finger. It is perhaps worthy of remark, that at the accession of the convulsions, the face became livid; and the pulse small and imperceptible, showing a great determination of the blood to the internal organs, and in the interval between the paroxysms, the face was flushed, and the pulse full and frequent. In twenty minutes from the last paroxysm, a third came on, with all the former distressing symptoms. Cold applications were still applied to the head, and I now determined to bleed again, but while I was preparing for the operation, a fourth paroxysm ensued. I opened a vein and bled to 24 ℥, and poured cold water on the head. I now hoped that the convulsions had ceased, but in three quarters of an hour, she had a fifth paroxysm; although not so severe, nor of so long duration as the former,

from the bleeding and the energetic application of cold water to the head, the temperature of the head was reduced; and the pulse was also reduced in fulness and frequency. In about two hours from the last paroxysm. she looked around and recognized those that were about her from their voices; said she could not see. The five paroxysms occupied two hours. As there had not been any operation from the cathartic taken in the morning, and as she was now able to swallow I gave her a cathartic of of Calomel and Jalap a a x grs., but the stomach rejected it. I gave her Salts and Senna, but the stomach still rejected medicine, and I permitted her to rest till morning.

Nov. 16th, 10 o'clock, A. M. She has had no return of convulsions; stomach still irritable and rejects medicine; pulse frequent; not so tense; no labor pains. Prescribed 20 grs. Calomel.

One o'clock, P. M. She has not vomited the calomel; has labor pains; labia pudenda very much swollen; head of the fœtus resting on the floor of the pelvis; no return of convulsions. Her labor proceeded regularly, and she was delivered of a living female child at 5 o'clock P. M. On the expulsion of the child, another paroxysm of convulsions ensued, which was not as severe, nor of as long duration as the others.—The placenta was expelled in a few minutes, and sensibility soon retured. Cold applications were kept applied to the head, and during the night the calomel produced three evacuations from the bowels.

Nov. 17th, 10 o'clock A. M. She has had no return of convulsions; severe febrile irritation; pulse too frequent; general œdema of the body. Gave Salts and Senna until free purging is produced. Suffice it to say, that by moderate purging with Jalap and Bitartrate of Potass, the œdema disappeared, and with exception of inflammation of the mamma, she recovered in a reasonable time.

I think that the condition of the system, predisposing to an attack of convulsions, in the last stage of pregnancy appears to depend on a variety of circumstances, viz: an increased quantity of blood in the circulating system, and the mechanical pressure of the gravid uterus, on the large blood-vessels situated within the abdomen, producing irregularity in the circulation; and also an exalted sensibility of the nervous system, rendering it very susceptible of morbid impressions; together with great distension of the abdomen and œdematous swelling of the face; and in the above case, irritation from swelling of the labia pudenda, produced by the position of the child in the pelvis. I think it is not unreasonable that those conditions existing would bring about a determination of blood to the brain, and convulsions, although I know that uterine irritation is generally assigned as the predisposing cause; yet I am satisfied that other predisposing causes must also exist, but whatever may be the predisposing causes, the brain is the organ that principally suffers; and when death takes place, bloody and serous effusions are discovered in the cranium,—there is an efflux of blood to the brain; hence the necessity for active bloodletting; and I think the above case a good example of the value of bloodletting. She is a weakly and delicate female, and under ordinary circumstances, would not bear bloodletting to any great extent; yet 44 ℥ was abstracted in less than two hours, without the system appearing to feel the loss of blood. In puerperal convulsions, there exists what Marshall Hall terms a tolerance of the loss of blood.

ARTICLE VI.

Guaiacum in Dysmenorrhœa.—By Dr. J. R. STONE, of Newton, Illinois.

I have in two instances, upon the same individual, used this article, in substance, in the treatment of acute symptoms in the above disease, with the happiest effect.

The patient was unmarried, twenty-five years of age, plethoric, and robust; had for years labored under an obstruction to the menstrual flow, which, at each monthly period, subjected her to convulsive attacks of the most alarming character.

The more dangerous symptoms were preceded by an acute lancinating pain in the epigastric and left lumbar regions, which augmented to such a degree as to deprive the patient of consciousness, and cause violent muscular spasms, amounting in some instances, to protracted opisthotonos. This state was accompanied by coldness of the extremities, turgid face, rolling of the eyes, imperceptible pulse, and trismus.

I was consulted in regard to her case, a short time subsequent to one of these attacks, and was of the opinion that the disease was in part attributable to malformation, as well as functional derangement of the organs engaged in the menstrual process. The discharge at each period had been quite limited, and showed an entire absence of healthy color.

To correct the latter difficulty, I commenced the exhibition of the Precipitated Carbonate of Iron, [Braithwaite's Retrospect for Nov.,] and although upon being called to attend the patient at the subsequent period, I found dangerous symptoms attending the menstrual effort; still it was gratifying to learn that the secretion had assumed a healthy hue.

At the most severe period in the attacks, the state of the pulse precluded bloodletting, which was verified by opening a vein without effect; I therefore resorted to Opium and Æther, the administration of which was followed by an abatement of dangerous symptoms, although the local pains remained excruciatingly severe. Blisters applied to the above mentioned regions, caused a metastasis to the back and shoulders.

At this period, depletion had usually been resorted to, in former treatment, which, in most instances, gave only partial relief; while convalescence was protracted to a discouraging length of time. I have no doubt that a majority of the profession, would, in this case, resort to a direct depletion; the patient, as I stated, being plethoric and remarkably robust: but in its stead I resolved to test the powers of Guaiac, in increasing the secretions, and accordingly ordered the administration of the following electuary, at intervals of three hours, and before the third one had been taken, every symptom of indisposition had disappeared:

℞ Pulv. Guaiaci Res.,
" Gum Arabic, a a gr. xxxv.,
" Cinnamon, gr. x.,
Sach. Alb., ℥ ss.
Water sufficient to form a consistent electuary.

In another case of acute Amenorrhœa from cold, complete restoration followed the administration of the following powder, at intervals of three hours, ere the third one had been taken; and I determined to try their effects, upon the patient under consideration, should an opportunity afford:

℞ Pulv. Rad. Colch.,
" Ergot,
" Cinnamon, a a gr. viij.

The following period brought forth an attack as severe as usual, and Opium, Æther, Asofœtida, &c., failing to moderate the symptoms, I with some difficulty succeeded in the administration of an emetic of Ipecac, gr. xxx, which had the desired effect, and after waiting an unnecessary length of time, for the action of the above powders, which had been given, but which failed of producing any change, I ordered the electuary, which produced prompt and rapid convalescence.

I have been thus prolix in the description of this case, and its treatment, not so much from its importance *per se* in a medical point of view, as to elicit information in regard to the therapeutic virtues of Guaiac.

Nothing need be feared from the magnitude of the dose in cases of the above character; and the indications in its administration are to augment such secretions, as by their deficiency or retention are likely to be the source of the disease.

Any information in possession of any of the profession in regard to its qualities, not hitherto made known, is solicited.

ARTICLE V.

Remarks on the Propriety of Legislative Enactments for the purpose of Elevating the Standard of Medicine and Medical Ethics in the State of Illinois.—By ERIAL MCARTHUR, M.D., of Chicago, Ill.

This, no doubt, will be considered by many, as a very delicate question, and one fraught with difficulty, both in its

conception and progress, as regards its adaptation to the wants of an honorable and philanthropic Profession, and the best interests of society.

The question has generally been considered in the light of protection to the "regular," (Allopathist,) Physician. As an humble member of this school of medicine, I disclaim any such desire; and furthermore, I believe that a large share of our brethren, if the truth was known, would also disclaim any such hope, wish, or desire.

I purpose, therefore, in this communicaton, to set forth what I conceive to be necessary to meet the real wants of the Profession, in this point of view; and whatever tends to elevate and enlighten any class of citizens, will have the ultimate effect of benefiting all with whom they associate. This may be considered an axiom, from which none will dissent.

But in order to ascertain what Legislative Enactments would be calculated to meet the wants of the citizens of this commonwealth, it may be well to briefly inquire, what is the present condition of the Profession,--or more properly, what are the attainments, qualifications, and usual practices of those who set themselves up as being qualified to administer to the afflicted, the sick and the dying, in this, to them, a time of need?

There are several classes of men---or in other words, men of different qualifications, who are either *justly* entitled to the appellation of Doctor of Medicine, or who *assume* to themselves this title of distinction and importance.

1st. Those who have complied with the usual course of study required at our Medical Colleges, to wit: Three years time devoted to studies connected with the foundation principles of the Profession in the office of a respectable physician, such as Theoretical and Practical Anatomy, do. Chemistry, Pathology, Physiology, Hygiene, Surgery, Materia Medica, Obstetricy, Medical Jurisprudence; and last, though not least, the Institutes and the Practice of Medicine. It may be well

to observe in this connection, that those who pursue this course to enter the portals of the Profession, also enjoy more or less Hospital and Clinic instruction, attend two full courses of lectures, (of sixteen weeks esch,) at a medical college where competent and practical teachers are supplied, pass a thorough and critical examination in all the branches above mentioned, and then, and not till then, receive the degree of Doctor of Medicine. It is but justice to the more enlightened part of our Profession, to state, that the above limited course of instruction is considered as too meager to meet the responsibilities that devolve upon the Physician, or the increased wants of society.

2d. There are a multitude of men scattered abroad through our State, and elsewhere, who have studied one, two, or even three years; some with practitioners, others without any teacher, without any clinics, and with few books, and them very likely obsolete and discarded; some who have perhaps attended part of a course, or even a full course of lectures; others there are who obtain two, three or more medical books, and half a dozen articles of medicine, a pair of turnkeys and a painted tin—then migrate to some interior or back settlement; study a little, and practice as occasion offers, and alas! for the cause of humanity, these are called Doctors. All of these may be considered as *belonging* to the regular bred, or *hanging on* to the skirts of the regularly educated and time-honored Profession.

3d. Then we find a few scattered abroad, who have *nominally complied* with the requirements of the Medical Schools, and who have *finally passed* the ordeal, and having their Diplomas in their pockets, try to gain a livelihood in the *regular line* of the Profession, but who are too superficial in honesty, intellect or acquirements, to succeed. And lo! and behold!—they have found a more excellent way. The curious are excited; and the credulity of the credulous is

raised to its highest pitch. These may be considered regular quacks. It may be said without fear of successful contradiction, that not one in a thousand, who has pursued the regular course of instruction and succeeded in business, has ever left our ranks.

4th. In this class we have Hydropathists, Homœopathists, *Root-opathists*, *Herb-opathists*, *Nerve-opathists*, and a multitude of other "pathists" too numerous to mention, of such a heterogeneous mass as utterly to defy description. A few of these, (a very few) perhaps have been educated somewhat, but a very large share have not education sufficient to teach a common school.

And yet each and every grade and variety find some adherents and patrons, and that even in what is called civilized and enlightened society. Those mentioned in this enumeration have no regular term of pupilage or requirements *established*. Some of them may spend a week, some a month, and possibly there may be some of them who study a a year, before they assume to be qualified to mitigate the sufferings, soothe the woes, and heal the multiplied diseases which flesh is heir to.

I will now state briefly what I deem to be necessary in the way of Statute Law, to meet this condition of things, existing in this State, to wit: That a law be passed to the following effect:

"That no person shall practice Medicine and Surgery in the State, unless he be a Graduate of a Chartered Medical College in which the requirements are at least three years' study in the office of a respectable and qualified Physician, and the attendance upon two full courses of lectures, examination, &c.; or that the individual shall have passed a full and satisfactory examination before a Board of State Censors, created and appointed for that purpose, in each and all of the following branches of Medical Education, viz: Anatomy,

Physiology, Pathology, Chemistry, Materia Medica, Surgery, Obstetricy, and the Institutes of Medicine."

A knowledge of these several branches is indispensable to an enlightened practice of medicine, whatever system of practice a man may embrace, or whatever views he may entertain. And the plan recently recommended of reducing the fees at the Medical Institutions, if carried out and generally practised, (as it probably will be) will greatly increase the facilities for acquiring a sound and thorough knowledge of the principles and ethics connected with the scientific discharge of the duties of the profession, and that without any increased expenditure on the part of the aspirants. With a knowledge which a thorough and practical course of instruction in these branches would afford, a man would be qualified to discriminate between the right and the wrong. It would surely be a mark of weakness to shun the light.

The course and time of instruction and examination being fixed, we ask for no further protection. Let the matter, as to whether a physician shall be orthodox or not, rest with the individual practitioner and the intelligence of society. But we do ask that society be protected from the multitude of mountebanks and visionary pretenders, who quarter themselves upon society like leeches, and draw from thence the treasures, and not unfrequently the life's blood. Our laws recognize in the other professions, a strict conformity to certain rules and *regulations*. Are the consequences depending upon the practice of Medicine and Surgery of so little importance as to require no protection from Statute Law? Justice requires that a standard of Professional attainment should be defined by law; and unless doctors will comply with and obey just and liberal laws, let them be dealt with as are other transgressors of order and propriety. We do ask for qualifications on the part of those, who shall assume the prerogatives of our profession, that the community may be protected from fraud and imposition. We ask for no special pre-

rogatives for this school, or the other, of medicine. We believe that no enlightened and judicious man can dissent from the above conclusion after a full examination of the subject.—There may be a discrepancy of opinion in relation to the best method of correcting existing evils.

It may not be amiss to mention some circumstances connected with this view of the subject in this city, and of most of which we are personally cognizant:

One man in this place, who assumes the prerogatives of the profession, was a hatter by trade in a neighboring State. He bought a small book purporting to be a medical book—settled in the interior of this State, and all at once was a doctor. After practising in the country a few years he came to this city, and the report was industriously circulated that he had been a 'regular bred,' but had found the more excellent way. Having accidentally met with him in a friend's house, whose son had fractured the radius and ulna of the right arm, he unblushingly declared, before several respectable witnesses, "that No. 6, (hot drops) would *cure* the broken bone, so that the boy could carry a pail of water in ten days. In order to make his statement more conclusive, he stated what he was pleased to call a fact, viz: "that in a certain place a consultation was held by the scien*tific* doctors in the case of an individual having a sore on the arm, and that they decided that the arm must be amputated, but the patient would not submit, and sent for a *Botanic Physician*, who applied No. 6, and the bad portion of the sore *slowed* (sloughed) off, and the arm got well.

Another man here with the cognomen of Dr., was a wheat buyer in the streets, and all at once, as if by magic, he became a professional man. Another was a teamster, etc., and he too suddenly became a Dr. And yet another was a whitewasher, and practised his art in the interior of the State, who, on moving into this city, assumed the dignity and title of the profession. And these individuals, as strange as it may seem, receive a liberal support in this community.

These circumstances are mentioned, not because they are deemed any thing new, or as being peculiar to this place. It is probable that almost every practitioner in the State is conversant with a multitude of quite similar circumstances; and hence the necessity of action to do away with these evils. In a democratic country, there can be no reasonable objection to individuals having pursued these several callings, becoming professional men, provided they qualify themselves for the discharge of these new duties, by a proper discipline of the mind, scholastic attainments, and a preliminary pupilage in the express duties they assume to perform. In the professions of Divinity and Law, a certain preliminary course of study is requisite before a man is *permitted* to engage in the specific duties of these professions.

Shall the profession, whose mission it is to mitigate and soothe the sufferings of humanity in all its varied relations to civilized life,—shall it be left open to the merciless and hard-hearted wretch, who engages in the discharge of solemn, momentous and intricate duties,—of the nature and tendency of which he knows comparatively little and cares less, and that without any regard to consequences,—whether it be a lifetime of suffering or a speedy death, merely that his sordid nature may be gratified in the anticipated acquisition of property and influence, which he fears would not be secured as a reward of humble toil and labor? If we do not look to this matter, and act upon it as a Profession, we need not expect any thing to be done. The community at large is too much engrossed with its own pursuits. It tacitly leaves these matters, which pertain to the Medical Profession, to the action of its own members, to regulate and govern. If we take honorable and elevated action upon this subject, there need be no fears but that an enlightened community will cheerfully and promptly sustain us.

It is thought that the present is a favorable time to have this subject presented for reflection and consideration. And we

ow of no better method to reach the profession at large, in this State, than through the medium of the Journal in most general circulation in the State.

The Convention called at Springfield on the first Tuesday of June next, to form a State Medical Association, (or State Medical Society,) will afford a favorable time to have the subject called up, and the opinion of the Profession generally obtained in regard to it. If it should be thought expedient and proper that Legislative action should be had, next winter would be a convenient and proper time to have the subject brought before the Legislature of the State for definite action. The importance to the Profession of the different practitioners of the State, or as many of them as convenient, meeting in convention and forming a State Medical Society, and conferring upon matters of interest to the Profession, cannot be over estimated.

We hope a liberal spirit will prompt many to make the necessary sacrifice of time and money, and come together for mutual action and benefit, and that the interests of the Profession shall be elevated thereby, and the cause of humanity ultimately promoted.

ARTICLE VI.

The Cholera, and the Influences which Favor or Retard its Spread or Diffusion.—By N. S. Davis, M.D., Prof. Phys. and Path. in Rush Medical College.

It is not my present purpose to tax the patience of the reader with any attempt to solve the long vexed question of

Contagion, or Non-Contagion, as applied to Cholera; but to invite his attention to a widely different, and I hope more profitable point of inquiry,—for whether the disease spreads by Meteorological or Contagious causes, it is evident that their action is amenable to the influences of temperature, climate, and various other agencies of a strictly local character. To determine the circumstances under which these influences act, and the extent of their control over the spread of the disease, is a matter of very great importance in a prophylactic or sanitary point of view. In pursuing our task, we shall, as far as possible, consider the influence of each agent separately: and first of Caloric or Temperature:

There is a great tendency among men to draw hasty conclusions, and to use sweeping generalizations, without paying sufficient regard to the particular facts on which they are based. Hence we are often told that the *epidemic* cholera, in its ravages, respects neither country, climate, season, or temperature. Indeed, it is so much easier to express opinions and invent theories, than to patiently observe, and carefully record facts, that we are often surprised at the paucity of authentic items in relation to diseases about which volumes and volumes have been written.

The influence of temperature on the spread of the epidemic cholera, is manifested in two ways. First, by the season of the year when it prevails, and second, by the particular temperature connected with its onset, progress, and decline.

In regard to the influence of seasons, we may observe, that in India, where the Cholera appears to be as indigenous as the Yellow Fever is in some parts of our country, it uniformly makes its appearance during the warm season, and declines at the approach of cold. And if we examine the date on which the disease made its appearance in the principal towns intervening between its home in India and the west of Europe, during the years 1845–6–7, as given in the exceedingly valuable history of Dr. Verrollot, we shall find, that of more than

seventy-five cities and towns marked on his map, in only three did the disease make its appearance during the winter months, of December, January, and February. Thus, during the year 1845, it had penetrated as far as Bokhara in Nov., where it remained until February 1846, when it appeared at Mechad, but still spreading slowly, it did not reach Asterabad until May. Between this time, however, and the following November, it extends westward to Bagdad, southward to Mecca, and northward to Derbent on the west shore of the Caspian Sea, where it took up its winter quarters and remained until the latter part of March or April, 1847. On the 24th of May it had extended no farther than Kislair, a few leagues north of Derbent; while during the following four months of of June, July, August, and September, it traversed the breadth of the Russian Empire, reaching Valdai, only a few leagues from St. Petersburgh, on the 30th of the latter month. If we follow the disease through the two following years, 1848–9, in its spread along the western borders of Europe, and on this continent, we shall be able to trace the influence of temperature even in a more marked degree than elsewhere.—Hence out of more than two hundred towns and cities, in which the disease has prevailed since 1845, it has commenced its ravages during the warm season of the year, in all except four or five. The only marked exceptions on this continent, are New-York and New-Orleans, in both of which it made its appearance in the month of December, 1848; but under circumstances which strongly coroborate, instead of disprove, the influence of temperature. Thus, from the 2d of December, when the ship New-York landed at the Quarantine Station near New-York City, with cholera on board, to the 22d of the same month, the thermometer ranged from 35° to 68°, with a mean average of about 50° of Fahrenheit. This, although several degrees above the mean temperature of the same time in ordinary years, is still much below a summer heat.—During all this time the disease continued to prevail among

the emigrants taken from the ship and other inmates of the quarantine hospitals, and although more than one hundred of the emigrants in direct contact with it, contrived to scale the quarantine walls and escape to the city with more or less of their effects; and though two or three of these were actually seized with the disease and died after they had reached the city, yet the disease exhibited not the slightest disposition to spread beyond the quarantine walls, either on Staten Island or in the city. During the last week in December, and the first in January, the thermometer fell to a mean of only 20°, the extremes being 34° and 9°, and every vestige of cholera disappeared from the quarantine, having occasioned in all 60 deaths. If we contrast these circumstances with those of a similar nature at New-Orleans, where the cholera was introduced during the same month, only nine days later, and in the same manner, viz: by emigrants on board the ship Swanton, which landed on the 11th Dec., we shall have as fair an illustration of the influence of these circumstances as could be obtained by the best devised series of experiments. While the cholera was a whole month in the quarantine and city of New-York, destroying less than sixty lives, wholly refusing to spread with a mean temperature of 50°, and entirely ceasing when it fell to 20°, in New-Orleans it appeared under a temperature almost equal to summer heat, the mercury rising several days during the month of December to 80°, and was in a few days committing its ravages in almost every section of the city, and in less than thirty days some 1,400 victims had found their graves. During the following months of January and February, the temperature fell so much that several frosts occurred, and with them a very decided abatement of the epidemic. Still, the disease lingered in a mild degree until the first of May, when a great amount of rain fell, and the temperature rose to nearly full summer heat, and the bills of mortality showed a corresponding increase in the fatality of the disease. Thus, during the week ending April 28th,

there were reported 60 deaths; the following one, ending May 5th, 114; and it continued thus until the 20th, when it began again to decline. Its spread up the river, and throughout the great valley, illustrates, if possible, still more forcibly, the influence of temperature.

Thus, while the epidemic was severe in the city of New-Orleans during the month of December, 1848, thousands of the emigrants and citizens left the city in steamboats up the Mississippi, landing at almost every intermediate place between that city and Cincinnati. On board of a large number of these boats, passengers sickened and died with the disease in its severest forms, during the transit up the river; and some were carried sick with it even so far as Cincinnati, in the months of January and February, where the late Prof. Harrison gave two clinical lectures over well marked cases, in the Commercial Hospital, in that city. Yet in the March number of the Lancet, he tells us that subsequently to his second lecture, "the cholera had entirely disappeared, both in the city generally, and in the wards of the hospital." And so late as the 30th of April, 1849, the editor of the Lancet writes, that "of one thing we are certain, namely: a number of fatal cases, probably from ten to fifteen, have originated in this city within the last two or three weeks; and as they have not sensibly increased for the last ten days, we are led to *hope* that we may be spared a severe visitation," &c. In the May number of the Western Journal, published at Louisville, the editor states that "at New-Orleans it ceases to excite any uneasiness, although deaths from it continue to be reported. No mention of the disease is made in the last Nashville papers. In St. Louis fatal cases were occasionally occurring at the last dates, and boats from the city, as well as from New-Orleans, have brought cholera patients to Louisville within a few days.—In this place, scattering cases are spoken of by our physicians, but there does not appear to be the slightest tendency in the disease to become general."

The truth is, that while the boats from New-Orleans distributed cholera patients during the three months of December, January and February, to almost every village and city in the Valley of the Mississippi and its tributaries, in no place north of Memphis, did it show any disposition to spread or become epidemic until the following spring. So true was this, that so late as March and April, eminent members of the Profession in Cincinnati, St. Louis, Louisville, &c., began to flatter themselves with the hope that those cities would escape any serious visitation of the pestilence. But as the season advanced, all these hopes vanished, and the months of June and July found them all immersed in the pestilence, quite as severe as it had been in New-Orleans.

The foregoing facts show very conclusively that cholera is emphatically a disease of the warm season, and that, with the single exception of some places in Russia, whenever it has prevailed during the winter months, it has been in coincidence with a temperature altogether above what is usual for the corresponding season in other years, as in New-Orleans, and the quarantine of New-York. And I have no doubt but proper investigation would show sufficient local influences, either in the habits or circumstances of the inhabitants, to account for the apparent exceptions in Russia. It is much to be regreted that in so few places where cholera has prevailed, accurate meteorological records have been kept from the beginning to the end of its ravages. But so far as these records have been kept and published in a reliable form, they pretty uniformly show that the disease commences at a time when the atmosphere is both unusually moist and warm for the season or locality—it increases with the increase of heat and moisture, until it reaches its acme, and then as regularly declines. When it commences in a place early in the season, before full summer temperature arrives, it spreads slowly, and is a long time in reaching its highest degree of intensity. This is beautifully illustrated by the two seasons of its prevalence

in the city of New-York. Thus, in 1832, it made its first appearance on the 25th of June, and reached its maximum in the short space of thirty days; while in 1849, it began as early as the 11th of May and spread so slowly that it did not reach its greatest intensity until the latter part of July, a period of at least seventy days. And it is a striking fact in relation to its prevalence in our country, that whatever may have been the period of its appearance in a place, it has never manifested a disposition to spread with rapidity so long as the thermometer remained at mid-day below 75° or 80° Fahrenheit. Thus we are told by Dr. Fenner, that at New-Orleans, although in the month of December, while the cholera was increasing rapidly, the mercury often rose above 80°—in St. Louis during its rapid increase in the latter part of June the mercury often stood at 90° in the shade. In Louisville, Dr. Bell states that it increased most rapidly from the 25 to the 28th of June, during which time the thermometer ranged from 72° to 76° at sunrise, and often rose to 92°, in the shade, by 3 o'clock P. M. The same coincidence between a high temperature and the commencement of the disease in a truly epidemic form, was noticed in Lexington, Cincinnati, Columbus, Chicago, Buffalo, Albany, Boston, New-York, Philadelphia, and indeed every other city where it has prevailed during the past year in our country. Thus, if we take New-York city as an example, we find that though the disease commenced early in May, with a mean *morning* temperature of only 55°, its mortality up to June 20th, had increased to no more than 144 per week, and the mean temperature to 65°. While from this time on through the months of July and August the mean morning temperature ranged from 70° to 80°, and the disease had increased so rapidly that during the week ending on the 21st of July, the number of deaths was 714, or more than 100 per day; and on the 6th of October, when the mean temperature had again fallen to 55°, the epidemic had effectually ceased. It must be borne in mind that

the temperature here given is that of the morning, the maximum during mid-day generally ranging from 10° to 15° higher. Concerning our own country, I think no further evidence need be adduced to satisfy every candid mind, that temperature exerts a very important, if not a controlling, influence over the production and spread of epidemic cholera.

The next agent which will claim our attention, is *humidity*, or moisture.

To show the effects of this agent in favoring the onset of the cholera, we need not go beyond our own country, or refer to its prevalence anterior to the year 1848. Thus, Dr. A. Hester, of New-Orleans, referring to the month of December, states that "for some days prior to the appearance of the first case of cholera, (in that city) the rain fell almost daily,—the atmosphere was *humid, murky, close and oppressive.*" At Columbus, Ohio, says the late editor of the Ohio Med. Journal, "the first unequivocal case occurred on the 21st of June, '49." From that time to the 1st of July, "slight showers of rain fell almost every day," rendering the atmosphere so moist as to show by actual experiment, "*a perfect saturation.*" At Nashville, says Dr. H. B. Walton, "the weather for the greater part of the time, has been warm and *wet.*" In Clarksville, according to Dr. E. B. Haskins, "the weather, for several weeks prior to the invasion of the epidemic, had been *cloudy and rainy*, with sudden alternations of temperature. The atmosphere, for most of the time, was hazy." The epidemic commenced in New-York about the 11th of May, in one of the lowest and dampest portions of the city. We are told by Dr. Wm. P. Buel, Physician to the Centre Street and Thirty-fifth Street Hospitals, that "the month of May *was wet and damp*, the prevailing wind N. E., and 3.77 inches of rain fell." While it prevailed in the quarantine hospital during the December previous, Dr. J. W. Sterling, one of the Physicians in that establishment, says, "the weather, since the arrival of the packet ship New-York, has been *wet* and quite uncom-

fortable, though so mild until the 22d of December, that the furnaces of the lower hospital kept the wards at a comfortable temperature." The actual amount of rain that fell during the month, was 6.30 inches.

We have been unable to find any reliable meteorological record, corresponding with the onset of the disease, either in St. Louis, Cincinnati, or Buffalo; but it became manifestly epidemic and severe in these cities about the last of May, a period characterized by great moisture in the atmosphere in all those places where records were kept, as we have already seen, at Columbus, Ohio; at New-York, and at Nashville, Clarksville, Memphis, and New-Orleans, on the Mississippi. In New-Orleans, the amount of rain that fell during the month of May, was 12.855 inches; in Charleston, S. C., 3.80 inches; in New-York, 3.77. In reference to Chicago, Prof. Evans says that "at the time of the great increase in the mortality, about the 20th of July, the weather, for a few days only, was exceedingly warm and sultry;" and we find by a reference to the table which he has published, that 17 out of the 30 days following the 20th of July, were damp or rainy; making up nearly the whole period through which the disease prevailed in this city. The influence of humidity is still further shown by the particular locations most frequently attacked. On this point, we shall find, on close examination, a complete coincidence between the facts in this country, and those of Europe, as announced in the report of the Sanitary Commissioners of London in 1848. The commissioners assert, "that the mode of invasion of cholera in the various cities of Europe, has been every where strikingly uniform. It has almost always made its first outbreak in the *lowest* and *dampest* portion of the city attacked. They verify this statement by references to St. Petersburgh, Dantzic, Berlin, Moscow, Breslau, Warsaw, Paris, Sunderland, Carlisle, Manchester, London, and England generally. "And," says the able writer in the British and Foreign Medico-Chirurgical Review, "this conclusion is

borne out by the evidence of the best writers on cholera, particularly by Orton and Jameson." In reference to Buffalo, Dr. A. Flint states in the Buffalo Medical Journal, that "the sections of the city in which the epidemic prevailed *most*, and with the *greatest virulence*, were, first, streets in close proximity to the canal, densely inhabited, and abounding most in poverty and vice; second, a part of the city known as the Hydraulics, in which miasmatic affections are somewhat rife, and the population, generally speaking, not of a character to be peculiarly exempt from an epidemic disease; and third, in a part lying in a North-Eastern direction from the city, in which the population consists almost wholly of German laborers."

Having already shown that when the disease spread to most places on the Mississippi and its tributaries, the season was wet and rainy, we shall not attempt to investigate the influence of particular locations in them. Indeed, so loose, general, and sometimes contradictory, are the statements of different writers in regard to all such topics, that it is impossible to get reliable data or facts concerning any place, without a *personal* knowledge of its location, and all the local circumstances connected with its several parts. And this will continue to be the case, until those having charge of the sanitary condition of towns and cities, take the necessary measures for ascertaining and recording the prevalence and progress of epidemic and endemic diseases, with the coincident condition of the air, the soil, the habits of the people, &c., with proper maps and tables embodying the whole in an authentic and perfectly reliable form. If this was done, we should have all the requisite elements for comparison, and we should soon be able to separate the mere accidental or coincident circumstances, from those which are constant or essential. Yet inestimably valuable as such knowledge would be to the human family, it seems almost impossible to induce the proper authorities to make any adequate provision for obtaining it.

To ascertain the *number* of victims who have fallen, and daily herald it to the public in the manner best calculated to frighten the living, and to abate some of the most unimportant nuisances, seems to be all that our Boards of Health and Sanitary Committees deem necessary. Hence, if we search ever so carefully through the numerous Medical Periodicals of the past year, we shall find *bills* of *mortality*, to constitute almost the only important item that is left us concerning the epidemic that has just made its second sweep over our country. And with only two or three partial exceptions, we shall look in vain for a full and satisfactory history of its prevalence in any single city on the continent.

Among the particular exceptions to which we allude, is the account of the cholera in the city of New-York, by Wm. P. Buel, M.D., in the Jan. No. of the New-York Journal of Medicine, which, though very deficient in meteorological, geological and geographical facts, is nevertheless accompanied by a map, which, to those personally acquainted with the whole ground occupied by the city, is exceedingly valuable. And nothing demonstrates more clearly the important influence of local circumstances, than the facts connected with the prevalence of cholera in that city, especially when we compare the past year with the summer of 1832. It should be remembered that the city occupies a triangular space, the two sides of which are washed by the Hudson and East Rivers, while its base is stretched across the central unoccupied part of the Island. The ground was naturally uneven, giving rise to several low, marshy places, which were more or less perfectly filled up as the city extended its borders. Some of these places, however densely populated, still remain much depressed below the general level of the city. One of the most marked of these is a tract beginning at the City Prison on Centre Street, extending through the *Five Points*, across Chatham Street in the neighborhood of James and Roosevelt Streets to the East River; and thence North-eastward in the

direction of Cherry Street to Corlear's Hook. The same may be said of that part of the 13th and 11th Wards bordering on the East River and extending between Grand and 14th Streets; and that part of the 1st Ward, occupied by the South end of West, Washington, and Greenwich Streets, bordering on the Hudson River. Naturally there existed another low, wet tract from the junction of Canal Street and Broadway in a West and North-western direction, through the 8th and part of the 9th Ward.

Now if the reader will bear these geographical facts in mind, while he casts his eye over the map given by Dr. D. M. Reese, in his account of the cholera in New-York during the summer of 1832, he will at once perceive their important bearing; for it was precisely in these sections that the disease spent its principal force and violence during that season, as abundantly shown by the detailed reports of the board of health, and the hospital physicians of that year. With the exception of that section mentioned as extending through the 8th and 9th Wards in the direction of Canal, Laurens, and Carmine Streets, the parts of the city before pointed out, have remained with no essential change, except a supply of Croton water. The streets in the 8th and 9th Wards, besides being supplied with Croton water, have, since 1832, been vastly improved by buildings, sewers, paving, &c., &c., so that they rank favorably in their local circumstances, with most of the other wards of the city we compare the map of Dr. Buel representing the prevalence of cholera in 1849, with that of Dr. Reese already referred to, we shall see the result; for while we find the disease again commencing, as in 1832, in the most sunken part of that tract extending from Centre Street to East River, and extending Eastward and Northward along the borders of that river through the 7th, 13th and 11th Wards; and in the lower part of Washington and West Streets, we find it in the 8th and 9th Wards comparatively light.

Thus, according to the statistics of Dr. Buel, out of the 5,000 deaths from cholera in the whole city, 2,400, or nearly one half, were furnished by the 4th, 6th, 7th, 13th and 11th Wards, being the tract extending from Centre Street through the Five Points to the East River, and then North-eastward along the border of that River to the neighborhood of 14th Street. Of the remainder, 300 occcurred in the 1st Ward bordering on the Hudson, and 778 in the 16th Ward, also bordering on the Hudson River, but in the extreme North-western part of the city,—leaving less than 1,500 for all the other Wards, viz: the 2d, 3d, 5th, 8th 9th, 10th, 14th, 15th, 17th, 18th, and 12th, making up the whole central part of the city, and including at least three fourths of the population. It will be observed that a heavy mortality occurred in the 16th Ward,—the greatest, indeed, except the 6th, of any Ward in the city. And when the reader is informed that this Ward mostly occupies *very high* ground—that it is neither thickly covered with buildings, nor densely populated, he will at once begin to conclude, as others have before him, that it militates strongly against the idea that lowness and dampness favor the prevalence of the cholera. And perhaps no more striking illustration of the necessity of a full and minute knowledge of all the facts, and the danger of judging from a few, could be adduced than this.

We are so accustomed to associate the idea of dryness with elevation, that we very often judge of the former solely from a knowledge of the latter; when, in truth, mere elevation is neither an index of the relative dryness of either atmosphere or soil, as is shown by the highest part of the 16th Ward, to which we have alluded. The surface of this tract, though mostly elevated, is uneven, and pretty closely underlaid with micaceous rock, which in some places crops out entirely on the surface. The streets are new, and neither supplied to any considerable extent with Croton water, nor drained by sewers. The closely underlying rock, especially in the

highest part of the ward, prevents the water that falls on the surface from running off, and consequently every depression on the surface, many of which were formed by filling up new streets across low places, were filled with standing water during the whole spring, until *evaporated* by the heat of summer. And not only so, but during the spring, on the height of the ground, all the new cellars, (and several long rows of new buildings were in the process of erection,) and many of the old ones were filled with water, and after remaining so for weeks, were only emptied by pumping it out. Such was the character of the 16th Ward, so far as regards humidity, although represented as the highest, dryest and most airy portion of the city. I speak of it with minuteness, because it was my fortune to travel over it daily during the spring and summer of 1849, and to attend some of my worst cases of cholera on its highest points. The New York Institution for the Blind is located on this height of ground, concerning which, Dr. Buel speaks as follows, viz: "This institution suffered most severely. It has an open, airy, elevated position, surrounded by spacious streets and avenues, but it forms a portion of the 16th ward, where from the action of local or endemic causes, the epidemic influence operated with intense energy. With about 120 inmates, there were 44 cases of cholera, of which 9 or 10 were fatal, and this with all possible prophylactic measures. We are informed by Dr. Bliss, who had the medical charge of the institution, that but for the timely precaution of removing all the inmates into the country, he believed the greater portion of them would have perished."

We should also add, that in the lowest part of this ward, bordering closely on the Hudson River, were several soap-making, bone-boiling, and other like establishments, and one very extensive distillery, in the stables attached to which, were congregated several hundred cows.

Closely connected with the subject of humidity, is the nature of the soil, and the quality of the water. That these ex-

erted an influence on the progress of the disease in this country, is too manifest to admit of doubt. If our readers will take a map of the Union, and compare the course of the disease, both in 1832 and 1848–9, throughout the whole territory of New-England, together with that extensive range of highlands beginning in the North-eastern part of New-York, and extending along the Catskill and Alleghany ridges to near the Gulf of Mexico, with its prevalence and diffusion over that vast territory bordering on the Mississippi and its tributaries, the St. Lawrence, and that great chain of inland seas or lakes which lie along our Northern boundaries, they cannot fail to observe a manifest difference. It is well known that throughout the whole of the first regions named, the appearance of the disease in a country village was very rare, while its prevalence in a purely farming district was wholly unknown.—While, during the spring and summer of 1849 especially, comparatively few villages, however small, located in the Great Western or Mississippi Valley escaped, and the disease was even more fatal on many of the plantations along the lower Mississippi, than in the most densely populated cities on the Atlantic coast. Not only was the disease more rapidly and extensively diffused in one region than in the other, but it was far more severe and fatal. This is strikingly exhibited by the following table, viz:

	Population.	Deaths in 1849.	Ratio.
Boston, - - - - -	120,000	602	1 in 200
New-York, - - - -	400,000	5,122	1 in 79
Philadelphia, - - - -	300,000	1,022	1 in 300
Buffalo, - - - - -	40,000	858	1 in 46
Chicago, - - - - -	25,000	678	1 in 36
Cincinnati, - - - -	100,000	4,456	1 in 23
St. Louis. - - - -	90,000	4,297	1 in 21
New-Orleans, - - -	150,000	4,000	1 in 37

To what, is this marked contrast in the relative fatality of the disease between the three Eastern and the five Western

cities owing? Certainly not to any increased facilities enjoyed by the Western cities for intercommunication of one part of a city with another, or of the city with the surrounding country; neither can it arise from any peculiar character or habit of the people. For, of all the cities on this continent, New York stands foremost as the grand focus and receptacle of the poverty and filth of Europe; and contains by far the largest population of that character which has ever served as the food of epidemics and endemics of any city in our country. And yet her ratio of mortality from cholera during the past year is less than one half of that of the most favored city in the Mississippi Valley, and a little more than one half of that at Buffalo, located on the great internal lakes.

Let us take this marked difference in fatality in connection with the difference of diffusion through country places, mentioned already and ask again why these important variations between the prevalence and fatality of the cholera on the comparatively primitive Eastern sections, and the great tertiary or alluvial soil of the West? Is there any other rational answer except that which refers to the soil, or the geological formation of the two sections? I think not. It was my original design to extend these inquiries concerning temperature, humidity, soil, &c., together with the influence of personal habits, far more minutely, with the sole object of arriving at some valuable conclusions irrespective of all theories; but I find myself already occupying too much space, and my field of investigation only just entered upon. Hence I shall refrain from attempting to deduce any formal conclusions until I resume the subject at a future day.

Chicago, Feb. 14, 1850.

ARTICLE VII.

Toxicology—By Wm. Nofsinger, M.D., of Rockville, Ind.

Our Creator, has so constituted us, that we innately possess the faculty of discriminating, to a great extent, between what is noxious and innoxious—what is conducive, or injurious to health. This faculty, however is not peculiar to man. That portion of the animal creation, not endowed with reason, possesses that faculty, even to greater perfection than he. Yet his reason, is an abundant and noble compensation for whatever defect there may be in this instinct. But to a greater or less extent, with but little or no education, all animated nature distinguishes between what is beneficial or hurtful. While we are naturally attracted by the smell and appearance of wholesome food, we instinctively fly from the fetor of a decaying carcass. While the Herbivora, without any teaching, roam with delight over the beautiful meadow, and eat its wholesome grasses, they as naturally shun the *poisonous stramonium*. Then by an irresistible instinct which *our Creator* for wise and beneficent purposes, has implanted in our constitution, those substances which are salutary, naturally attract, while those of an opposite quality, naturally repel; and in consequence of the controling influence of this great principle, mankind from time immemorial, or I may say from the beginning of their race, have drawn a broad line of demarcation---on the one side having placed all those substances not hurtful to the animal system, and on the other all those substances which they supposed were hurtful, and which they denominated "*poison*."—This grand classification, no doubt, has been highly useful to man. The word "poison" has often deterred the ignorant and imprudent from meddling with substances, which in their hands, would be likely to prove only disastrous. Therefore,

it is wise to label all active substances 'poison' and place them beyond the reach of such. This classification, likewise, in a very general sense may be true; yet scientifically and philosophically speaking it is subject to a very extensive modification. For instance, we shall presently see that there is not in nature any such thing as an absolute and independent poison; that nothing can be philosophically denominated poison, except in a relative sense. This declaration brings us at once to ask the question, What is a poison? What constitutes a poison? When we come to investigate the nature of a poison we can only admit that to be a poison which violates the laws of health and life. If this be a correct definition of poison then obviously the poison depends upon quantity as well as quality. It must depend upon habit, time, mode of application, and a variety of other circumstances. When we come to take these things into consideration, we will not only find poisons mere relative agents—but we will sometimes find things to be poison which have not been recognized. For instance, if a man by eating a turnip or sad biscuit produce a neuralgic pain in his stomach, and this pain be removed by the administration of one drop of Prussic Acid, the former acted as poison, while the latter proved a salutary medicine.

But before we proceed to the investigation of the nature of poisons, it may not be improper to make a few remarks in explanation of the necessity of such investigation. If the above general definition of poison be correct, then all disease, which is not the result of some mechanical cause, must be induced by some form of poison. (And indeed this is the substance of the definition of our most able Medical Lexicographers.)—And as the study of medicine naturally and necessarily embraces the causes of all pathological states of the system, the study of Toxicology, therefore, becomes imperative. If we understood the nature of those poisons which occasion all contagious, and all non-contagious epidemics, the dark clouds of ambiguity and disappointment which have ever hung over the

practice, in these diseases, would be driven away. Those diseases would be disarmed of much of their terror; for their treatment, instead of being doubtful and empirical, would become certain and philosophical. In the philosophical treatment of a large majority of the disorders which afflict the human family, the two grand indications to be filled, are either to neutralize the poison, which causes the disease in question, by its appropriate antidote, or, to counteract its effect; and usually to do both. But how can we employ the proper antidote when we are ignorant of the nature of the poison? This may be, and is sometimes done, yet there is great danger, when we strike at disease in the dark,of inflicting an occasional blow upon the patient. Our ignorance of the nature of those poisons which cause our endemics, as well as epidemics, whether contagious or non-contagious,has based the treatment of these diseases upon mere semeiology. And it is true we may never detect the nature of many of these subtle poisons of those diseases, yet the long list of poisons and Alexipharmics which the light of science has already discovered to us, should encourage us, at least to make the effort to increase the catalogue. We have by the aid of Chemistry discovered antidotes for many of the mineral poisons. Arsenic, the great king, which stands at the head of mineral poisons, may be rendered powerless by its antidote, Hydrated Sesquioxide of Iron. With regard to vegetable poisons, we have not been so fortunate. For this class of poisons we have discovered but few antidotes, and even these are of uncertain character. And in relation to animal poisons we have been still more unfortunate—not having discovered the first one. It would, no doubt be desirable to know the nature of every poison, but this knowledge is not absolutely necessary in every case, to a successful application of the proper antidote. Of this fact we have an important example. There is a poison which by common consent has been denominated Malaria. This poison from time immemorial has been a scourge to many portions

of the world, and has swept thousands upon thousands into their graves, yet we are still profoundly ignorant of its nature. But fortunately for mankind, after it had reigned unmolested for thousands of years, we have discovered in the various preparations of the Cinchona an antidote which, to a great extent has arrested its destructive career, and rendered it almost harmless. It may not be philosophically true to say that Cinchona is an antidote to Malaria; for we do not know whether the former neutralizes the latter or merely removes its effects.

Having premised these remarks, let us next look more closely into the nature of poisons. We have said that there is no such thing as absolute poison. What we mean by an absolute poison is that which possesses the necessary and natural power to poison under all circumstances. Now we deny that any such poison exists in nature, unless it be Hydrophobia, and analogy would seem to prove that even this is not an absolute poison. If the toxical effect of a thing depends upon the state of the system at the time of application, mode of application, habit, kind of subject, quantity, or any other circumstance, then the poison is relative and not absolute. First as to the state of the system. Many persons in the commencement of the cold stage of an ague, may, without danger of intoxication, drink a pint of dilute Alcohol. Whereas if taken at any other time it would cause them to be what is vulgarly called "dead drunk," or might as it does in some instances, destroy life.—In many spasmodic affections, a person may take more than double the amount of narcotic substances, without danger of narcosis, which he could were this condition of the system not present. Again; if a person has not had small pox, or had his system protected against this malady, the least possible amount of variolous matter, if introduced into the system, is sufficient to produce the disease: whereas if the person has had small pox or had his system protected by vaccination, no amount of the small pox virus, however great, can (as an or-

dinary result) generate the disease in his system. 2nd. Habit. This modifies the action of almost every substance upon the animal system. By the habitual use of many substances the system may be enabled to bear with impunity an amount which would otherwise destroy it. We are furnished with abundant examples of this fact in the wide spread use of tobacco, opium, and alcohol; as well as our daily experience in the action of almost every remedy employed in the treatment of disease. 3d. Mode of application. This would comprise the difference in the action of substances applied to different parts of the economy. For instance, Carbonic Acid may be taken into the stomach in safety, but if inhaled into the lungs would produce asphyxia and death. Sulphureted Hydrogen Gas may be present in the bowels without inconvenience, whereas if introduced into the lungs it would prove even more deleterious than Carbonic Acid. Many substances may be safely applied to the skin, which cannot at all, in quantity, be introduced into the stomach. Yet there are some substances, which may be taken into the stomach with impunity, which if endermically applied, would in many instances cause death. Such is true in relation to the venom of the Rattle Snake, Viper, &c. 4th. *Quantity*. By this is meant the amount of any given substance, necessary to produce a poisonous effect. There has never yet been a substance analyzed, which has not been administered in certain quantities, with entire safety. Those substances which have been considered as the most active poisons have been given again and again in certain minute quantities, without the least deleterious consequence. We will take the liberty to say that, it is entirely reasonable to suppose, that there is not in nature, including all the great kingdoms of matter, a substance which may not be given in some quantity, without any poisonous result; unless it be some substance, capable of rapid reproduction, and development in the animal system, as is said to be true with regard to some species of animalculæ, and more

especially some species of microscopic plants, belonging to the class cryptogamia. It is said that species of plants belonging to this class of vegetation, will multiply billions of times in 24 hours. If this be true, we may very readily perceive how the system may be poisoned by even one seed, at least by a few *Semina Morborum*, which could not be discovered by a microscope magnifying hundreds of times! This will give a solution to the fact that so small an amount of virus will produce variola. Of course we cannot demonstrate that the virus of small pox is either animacular or cryptogamous, yet its *modus operandi*, would rather favor the hypothesis.—5th. The kind of subject. By this we mean, not only the species of animal we experiment upon, but also allude to individual peculiarities in the same species. As for instance, we find, that in relation to man, there are some substances, which experience proves most salutary food to some individuals, while they are invariably noxious to others. The exhalations from the Rhus Toxicodendron, poison some, while to others they are wholly innoxious. This idiosyncrasy, or peculiar constitution is exemplified, every day, in the practice of medicine, and confirms the homely old adage that "what is one man's meat is another's poison." But when we look abroad into the animal creation, we find a still further confirmation of the peculiarities of the animal system, in relation to toxical agents. For example, while the mountain Ivy or Laurel, (Kalmia Latafolia) is a healthy food to the deer, goat, partridge, and pheasant, it is a deadly bane to sheep and other animals. While Aloes are a safe and salutary cathartic for man, they are death to dogs and wolves. And while the ox can eat with impunity the Water Hemlock, (Phellandrium Aquaticum) it kills the horse. Many similar facts could be adduced, but those already referred to are deemed sufficient to establish beyond controversy, the truth that all poisonous or toxical agents are dependent upon some condition or circumstance; and the deduction, therefore, is irresistible that

such agents are relative, and not absolute ;—and that such a thing as an absolute and independent poison is a mere ideal personification,—inconsistent with the laws of nature, and can only exist in the wild regions of fancy. A Poison, perhaps, may be defined to be a thing which cannot exist according to law, but is dependent for its existence upon violation of law!

Having made these remarks in regard to the general nature of poisons, we will now introduce Dr. Christison's classification which is generally adopted. It is as follows, viz:

1st. Irritant poisons, or those which produce irritation and inflammation, as the mineral Acids, Oxalic Acid, Arsenic, Mercury, Copper, Zinc, Lead, Baryta, and Cantharides."

2d. "Narcotic poisons, or those which produce stupor, delirium, and other affections of the brain and nervous system, as, Opium, Hydrocyanic Acid, and poisonous Gases."

3d. "Narcotico-acrid, poisons, which produce sometimes irritation, sometimes narcotism, sometimes both together,—these are all derived from the vegetable kingdom, as Strychnia, Nux Vomica, and poisonous Fungi."

Dr. Hoblyn remarks that poisonous "Substances are those which derange the vital functions and produce death by an action not mechanical." If this definition be correct, and if poisons are mere relative agents, we think we may introduce a class or kind of Toxical agents, which have not heretofore been recognized as such. These agents consist in Atmospheric changes, not only in its inherent and healthy constitution, but in reference to its Electric, Thermometric, and Hygrometric states. That such changes act deleteriously upon the animal system—that they violate the laws of health and life, is as clear and as susceptible of demonstration as that Ratsbane in certain quantities will destroy life! Indeed, no one can deny that these changes are constantly occuring, and that they derange the vital functions by an action not mechanical, thus producing a vast amount of disease and death, and may, therefore, be strictly denominated poisons. But before we

enter into a minute examination of this description of poisons, we will first take a cursory view of each class of the above named poisons, in their regular order. First then in order are irritant poisons, or those which produce irritation and inflammation. How do these agents poison? Manifestly by a direct action upon the solids and fluids of the animal system. These are directly decomposed. Take for example Sulphuric Acid. When this substance in a concentrated state is applied to the animal tissues, there is mutual decomposition.—This result may be known *a priori*, when we consider the composition of the tissues, and that of the Acid. The ultimate elements of all animal tissues, are Oxygen, Nitrogen, Hydrogen and Carbon. Those of the Acid are Sulphur and Oxygen. Now why this decomposition when the Acid and tissue are brought in contact? Simply because you bring into play more powerful affinities than those by which the composition of the tissue and Acid are maintained. Owing to the electro-positive and electro-negative states of these various elements, the Oxygen of the Sulphur has a stronger affinity for either the Nitrogen, Hydrogen or Carbon, than it has for the Sulphur, therefore it leaves the Sulphur and unites with these several elements, but chiefly with Hydrogen and Carbon, forming with the first water, and with the latter Carbonic Acid. But owing to the greater affinity between Nitrogen and Hydrogen, than between Nitrogen and Oxygen, the Nitrogen unites with the Hydrogen, forming Ammonia. This then is the rationale, which must explain, at least all highly irritant poisons. And if this be true, then intense heat should be classed as an irritant poison, because it produces precisely the same effect upon the animal tissues just above detailed Heat is the most common, and next to electricity, the most powerful agent in effecting chemical changes and decompositions. Heat has the power, when applied to the tissues, of changing the electro-negative, and electro-positive conditions of the elements of the tissues, and hence their decomposition.

But Narcotics, the second class of poisons are much more obscure in their actions. Here you have no lesion of the animal tissue. How then do they exert their poisonous effect? All admit this description of poisons powerfully affects the brain and nervous system ;—and whether they previously act upon the fluids of the system is not known. It is a custom when we cannot demonstrate a subject, to resort to analogy to explain whatever phenomena attract our attention. The manner in which Narcotics produce their poisonous effects has ever been a subject of the deepest interest. The laws of vitality are not well understood. Yet, notwithstanding their obscurity, we are sufficiently satisfied that these laws greatly modify the action of all physical laws upon the animal economy.—Therefore, we cannot logically suppose, that the same physical results take place in the animal system, which we see occurring out of it. But it is equally as logical to presume a similarity of cause where we observe similar phenomena.—We have often observed phenomena developed by the action of electricty, upon the animal system, which frequently take place spontaneously, or rather from the influence of some disease of the brain and nervous system, or when some highly exciting application has been made to the system. Hence it has been inferred that the electric and nervous fluids are similar. And the brain and nervous system have been, not inaptly, compared to a galvanic battery, whose office it was to secrete and collect the necessary fluid for the innervation of the system! To strengthen this view of the subject we may remark that the phenomena of sneezing, coughing, and indeed all convulsive actions are similar to the action occasioned by electricity—and in conclusion upon this topic, we simply remark, that it is not improbable, Narcotic poisons, destroy life in the same manner that electricity does—that is, by suspending the action of the brain and nervous system, or producing a derangement in these organs incompatible with the functions of life. Nothing need be said in relation to Acro-Nar-

cotics, or the third class of poisons, any farther than to remark, that they exhibit properties belonging to the two classes already detailed. The explanations of the first and second classes embrace that of the third. Therefore, we will proceed at once, to the consideration of those Toxical influences or agents, which consist in Atmospheric changes----including alterations in its electric, thermometric and hygrometric states.

1st., in relation to changes in the natural and healthy composition of the atmosphere. A healthy atmosphere, according to the analysis of the best chemists consists, of a mixture of four parts of Nitrogen to one of Oxygen, and in every two thousand parts of such mixture one of Carbonic Acid, and in addition to these, it always contains an amount of water, heat, and electricity. These last three ingredients, no doubt may be somewhat variable in quantity, without materially affecting its healthy constitution. There is manifestly a conservative principle in nature, which constantly operates to maintain a healthy proportion of these various ingredients. Yet this principle is often opposed by disturbing causes; and no argument need be introduced here to show the infinite amount of disease, which is constantly occurring in consequence of such disturbance. The essential constituents of the atmosphere being Nitrogen and Oxygen, experiment has shown that the slightest variation in their proportions, is immediately fatal to animal life. Carbonic Acid of the atmosphere may possibly be diminished, but evidently cannot be much increased without disease and death. Vats of distilleries, cellars, wells, and other low places, in which this gas accumulates on account of its greater gravity, have often given us fatal proof of the deleterious effects of an increase of the proportion of this gas.

2nd. *Electric state of the Atmosphere.* That changes in the electric state of the atmosphere, give rise to disease is a fact too well established to require special facts as proof. The effect of a diminutive of the normal quality of electricity in

the air is to depress the mind and feelings, and to lower the tone, and relax the animal system generally—causing a predominance of the excrementitious secretions, thereby giving rise to catarrhs, fluxes, diarrhœas, &c. But on the other hand where the electricity is increased, the animal system is too highly stimulated—the recrementitious secretions predominate, and an inflammatory diathesis of the system is thus induced, which lays the foundation of a great variety of inflammatory diseases.

3d. *Thermometric state of the Air.* Very little observation is necessary to establish the fact that changes in the temperature of the atmosphere, if they take place very suddenly, are deleterious to health. Yet there are numerous instances to prove that the animal system evidently possesses the vital power of regulating its own proportion of heat; this is obvious from the fact that the temperature of the human system is no higher under the burning sun of the tropics, than amid the icebergs of the north. We have not had much opportunity of investigating the subjects of Zoology and Ornithology in reference to the subject of temperature, but so far as we have, the paradoxical fact presents itself, that the lower animals and the birds of the North have a higher temperature, than those of the South. This would seem also a natural result, of the necessity of greater energy in the calorific function in the North, than in the South.

Hygrometric State of the Air.—This, no doubt, may be variable without injury to the animal system, yet it is not reasonable to suppose that the normal quantity of water in the air could be greatly increased or diminished without the most deleterious consequences. A large quantity of water in the atmosphere is usually accompanied with a *deficiency* in the amount of electricity, and would seem to produce, or assist the latter in producing those diseases already named. But an anhydrous air is almost irrespirable, and produces the most fatal effects upon the animal system. This, no doubt, is the principal

abnormal state of the air of those pestilential winds which arise from the parched deserts of Africa and Arabia. These winds are known in Africa as the Samiel, or Simoom. They blow westwardly, crossing the Mediterranean Sea, and are lost upon the European Continent. In Italy they are known as the Sirocco. But an important fact should here be obsereved,—these winds are much less poisonous and destructive to human health after crossing the Mediterranean, than they are upon their native shore. How do we account for this fact? Manifestly by supposing, that the healthy hygrometric state of the air is restored by crossing the sea. Although these winds are greatly improved before they reach I taly, they are still unhealthy. But in what their remaining unhealthiness consist, we have not now time to conjecture.

These hastily written general views, which we have submitted on the subject of Toxicology, display to us a field illimitable, the exploration of which is scarcely commenced.

ARTICLE VIII.

Pneumonia Miasmatica.—By J. J. Lescher, M.D., of Mount Carmel, Illinois.

In using the term, *Pneumonia Miasmatica*, I do not wish to lay myself obnoxious to the charge of neologism, for, on the contrary, I design it only to answer my present purpose, that of offering a few hasty and crude suggestions relative to Pneumonitis, as it usually prevails in malarious localities.

The reflections which, in the course of this communication, I may offer, have been suggested by occasional notices found in medical periodicals, particularly those of Western growth; by frequent conversation had with practitioners, and latterly, by having read in your Journal, two communications on the subject, by Drs. Howland and Banks.

In arriving at a correct knowledge of treating diseases skilfully, and in accordance with written experience, the best means through which such a knowledge is to be acquired, is a definite, and if I may be allowed the expression, a uniform and unambiguous medical nomenclature. Words or terms are mere expressions of ideas; and unless the term implies a certain and definite idea, its use had better be discarded, as tending only to bewilder and confuse the mind of the reader.

We hear of the prevalence of "winter fever"—of "lung fever;" of pneumonia. Physicians tell us of the happy effects of certain remedies in the disease known by the above appellations. Discrepancies of opinions and practice are wonderfully frequent.

Such a state of facts is greatly to be regretted, inasmuch as it tends rather to obscure, than to enlighten the understanding of the anxious inquirer. This perplexity can be obviated by the use of terms expressive of the pathological conditions we design to convey.

In speaking of 'winter fever,' we should expect to be understood as meaning pneumonia—purely an inflammation of the lung, such as is understood by all authors, and as requiring the use of antiphlogistic means towards its removal.

In our efforts to subdue *inflammation* of the lungs, I cannot, for the life of me, comprehend the possibility of destroying the disease in the short space of "two or three days," unless it be by the opportune interposition of a copious depletion, and by that *alone*, if the general notion of inflammation is correct. Dr. John Mason Good gives his opinion that, in the

most favorable cases, "the violence of the disease diminishes on or before the seventh day." He seems to know of nothing possessed of such astonishing virtues in cutting short the malady, unless the loss of blood—concerning which, he says: "it has occasionally proved critical, and carried off the disease in a few days." In continuation, he says: "The best, the easiest, and even the natural cure of peripneumony, (pneumonia, or 'winter fever,') is expectoration, which, hence, ought to be excited, and encouraged by all means in our power. It forms the *optima crisis* of Stoll."

A late writer, and one whose opinion might be regarded as more to be relied on, because forsooth he *is* a late author, says: "When it (winter fever) goes by resolution, some very evident evacuation almost always attends it; such as a great flow of urine, &c., but the evacuation which most frequently terminates the complaint, and which does it with the *greatest effect*, is a free and copious expectoration of thick white, or yellow matter, slightly streaked with blood; and by this the disease is carried off gradually in the course of ten or twelve days."

The writers of the above named articles,—unintentionally, I think—seem to carry out the idea, that "the medicine"---the *optimum remedium* in pneumonitis, is, par excellence, *Sulphas Quiniæ*. Now for my part, and I believe the experience of the mass of Western, or if you please, malarious practice, will bear me out in my opinion, I cannot subscribe to the correctness of any such conclusion, nor even an application of it.---Seldom is it the case, that we are called to a patient laboring under "winter fever"---a term very vague and excessively vulgar---until after expectoration is established. Theory, reason and experience, teach us to aid nature in her efforts to relieve the diseased organ. Her remedy, is expectoration; and as Art is only the hand-maid of Nature, we should, in humility, be guided by her, as by a superior. Hence, we should be extremely cautious in the application of any means which could direct her recuperative efforts from their natural

channel. We relieve her of an excess of the circulating mass, if such excess should be present; we then unload the first passages of all sources of irritation, by appropriate purges; but when such unloading is effected, the rational practitioner rests satisfied with the administration of the mildest and unirritating laxatives or enemata, for the purpose of conveying off the secretions as they are thrown into the alimentary tube.—The next step seems to be, means to prevent the deposition of inflammatory products into the interstitial or parenchymatous texture of the lung, and into the vesicular tissue.—Two sheet anchors come at once to the aid of the "true helper"---Mercury and Antimony: of the two, the first seems generally the preferable one; more especially where there is the danger of gastro-enteric irritation to be apprehended, which seems usually to be the case in marshy localities. Stokes says, that relapses are more rare after a Mercurial treatment, than after an Antimonial. During the month past it has been my lot to treat a greater number of acute and rapid cases of pneumonia, than for any previous year. It assumed a marked bilious type, all occurring in this town and within a few days from the first appearance. Two cases terminated fatally; one of an enfeebled habit, the other rugged, though ailing for some months previous. Both cases were ushered in with delirium: the first aggravated and persistent. I used the lancet in all cases except in those of two children, which were characterized by a low form of excitement.

In the first few cases, I used Antimony, premising bleeding and judicious purging; but as each case was characterized by bilious vomiting, I failed in every instance, to solicit tolerance. I consequently abandoned it, and continued the Mercury, which had been used in conjunction with the Antimony. To prevent its running off by the bowels, and at the same time to quiet nervous excitement, I combined Pulv. Doveri, S. Morphia, or G. Opii, with the Calomel, changing the proportions as particular indications demanded such. For instances:

℞ Calomel and P. Doveri aa ℈j, in 12 parts; one every two hours, or, ℞ Calomel ℈j, and G. Opii grs. xij in 12 portions. Dose, one every hour until six had been taken; then lengthening the interval to two or three hours; or, ℞ Calomel grs. xij vel grs. xviij, et S. Morphine grs. ½ vel grs. j. Dose, one twelfth part every hour or two.

To insure as speedy a *constitutional* effect of Mercury, after free depletion by the lancet, as possible, I instantly directed Calomel ℈ j. and one or two grs. of Opium, to be taken at once, to be followed by a dose of Castor Oil in six or seven hours, if necessary. By such a combination, I thought I could obviate the nervous depression following free bleeding in enfeebled habits, and facilitate the good effects ultimately manifested by Mercury. The Mercury was persisted in, until the gums indicated its specific effect; which, so soon as established, gave immediate relief to the patient; manifested by a free expectoration, by a gentle and uniform moisture of the surface, freedom from pain, and a speedy recovery. The two fatal cases resisted Mercury. Counter irritants were used, but not until the "blistering period" had set in. S. Quinine, I was led to use in the first fatal case, before the inflammatory excitement showed any disposition to subjection.—The dose did not exceed 2 grs., combined with Calomel and P. Doveri. But I was soon compelled to lay it aside and persist in the use of Mercury; and, for a time, it seemed to exert its beneficial influence, which ceased soon however, notwithstanding the continued use of it. Every case which terminated in recovery, showed no disposition to yield, *until* the gums became sore. Although each one was *Mercurialized*, not a single one was "salivated," in the vulgar acceptation of the term. There is a remarkable feature in all acute inflammations; that Mercury can be borne to an exceeding degree, without exerting the deleterious effects on the constitution, so frequently observed in ordinary fevers, in the treatment of which, it produces such lamentable consequences,

by reason of its abuse. Inflammation of the lungs may be so intense in degree, as was preeminently the case in one of my fatal cases, as wholly to resist the specific powers of Mercury. Such cases demand special and energetic treatment, to stay destruction. So soon as arterial excitement had in a great measure subsided, showing the violence of the disease to have been removed; I used *Sulph. Quinine*, with the happiest effects.

I cannot imagine any condition of the lungs, in which inflammation has manifested itself, unless wholly induced by malaria, constituting what with propriety, might be denominated *Phlegmasia Miasmatica*, in which the administration of Quinine could at all be justified, unless thrown in with a view to sedation. For in such quantities alone, can the danger of exciting gastro-enteric irritation be obviated. M. Chomel, informs us, that he had used heroic, or, if you please, *sedative* doses of the remedy, "without having observed either gastric inflammation or any of the unfavorable consequences usually attributed to this medicine."

Even in supposing, or granting such a condition of the lungs as might be called *Phlegmasia Miasmatica*, in which Quinine had been successfully used, could we regard it as any thing more than a mere capillary engorgement? Could it be called else than an obscure *irritation*, coming short of inflammation? To distinguish such a case from pneumonia, which, for practical purposes, were desirable, why not designate it by the name of malarious lung fever? Thereby, not of necessity implying by the term fever, an inflammation, which tends only to confuse.

To administer Quinine successfully, in a given case of "winter fever," the diseased state of the lungs, must be very obscure; but on the contrary, the unmistakable manifestations of malarious agencies, stand out in bold relief, casting the inflammation, if such it be, wholly into the shade.

Cases occur in miasmatic localities, which are well calculated to baffle the most experienced, to detect the real nature of the malady; and fully susceptible of demonstration only by the most critical diagnostic acumen, which by the by, is possessed only by a minority of the Profession resident in malarious districts.

In ascribing to Cinchona and its preparations such *curative* virtues in pneumonitis, we must never confound pneumatalgia with it. We must not lose sight of the pathognomic features of pneumonia. Never forget, that rigor, followed by violent pain in the chest, and attended by fever, and a *sympathetic* cough, etc., sometimes so perfectly simulates acute inflammation of the lung, as to mislead for the time, the most experienced—that unless the most satisfactory stethescopic signs are elicited, we are wholly in doubt, until the appearance of the characteristic sputa. How guarded, therefore, should we be in receiving into our confidence, a medicine so questionable as is Quinia in pneumonia. And furthermore, we can be none too sceptical, in embracing the conclusions of others concerning so vexed a question, unless given in the most definite and intelligible language.

The opinions of learned authors and "Eastern Physicians" are not to be winked at as mere closet lucubrations, and as such, of no value. Another reason which I have already hinted at, why Quinia should be regarded as a hazardous medicine in pneumonia, is, its tendency to excite the mucous membrane of the first passages, increasing its secretion, and frequently to establish a sub-acute mucous enteritis. Now there is a law well known, that in proportion to such irritation, does the probability of secretion in other tissues—as of the lung—diminish; thereby endangering the integrity of the lung---if the lung be the organ diseased, as in the present instance we will suppose. For it is highly improper to interrupt a free expectoration. As Quinia is a stimulant to some ex-

tent, even in sedative quantities; and since the properties of of malaria seem to coincide exactly with those of that combination of water and carburetted hydrogen which arises from marshes; and since the use of irritants is expresssly forbidden by the highest authorities, in the treatment of internal inflammations, created by carburetted hydrogen, it would seem to be highly improper to administer the medicine in a case of *phlegmasia miasmatica*, unless at certain periods and in certain combinations. For, one can readily comprehend the utility of a judicious combination of Calomel, Opii et Quinine, during certain specified conditions or periods of inflammation; but the obvious and palpable utility of the compound rests none the less on the presence of Calomel, which, by its union with Quinia, has its specific effects accelerated, as is well known.

To conclude, lest I weary and exhaust the patience of the reader: experience has taught us that in the accession of a paroxysmal ague, internal organs are flooded with the circulating mass, giving rise to a more or less persistent capillary erethysm, the continuance of which, depends in a great measure on the force of the recuperative powers of resistance inherent in such organs: That, when there is a disposition to take on a diseased action, the engorgement remains as a cause of increased lesion—a train of inflammatory outburst. Therefore, during the earlier period of such inflammation, it is only to be regarded as a symptom of a malarial fever, and as such, to be treated by local means; whereas the general state of the system demands the employment of such general remedies as are applicable in such cases.

ARTICLE IX.

Proceedings of the Fox-River Medical Association—At a Special Meeting held at Elgin, Kane Co., Ill., Feb. 1st, 1850.

Association met pursuant to adjournment. President Howland being absent, Vice-President Hale, of Dundee, was called to the Chair. The Roll being called, Drs. W. Danforth, O. Harvey, L. Hale, A. Danforth. N. Hard, and L. F. Torrey, answered to the call.

The minutes of the previous meeting, were then read and adopted. Addresses being called for, and Prof. S. G. Armor (who was expected to address the Association,) being absent, an invitation was extended to Prof. N. Hard, M.D., who accepted the same, and delivered an able and interesting address upon "Cholera," showing its contagious character as exhibited in the Epidemic of 1849, especially in that which appeared at Aurora, Kane, Co., Ill., the fallacy of "Specific Cures," and the departures from the usual "concomitant symptoms," as there exhibited.

On Motion, The order of business was suspended, and opportunity given for those present, (not members,) to become so if desired; whereupon, numerous Physicians, availed themselves of the opportunity, and became members, by complying with the requisitions of the Association.

The following Resolutions were then read and unanimously adopted.

Resolved: That the subject for discussion at the next meeting of the Association, shall be the Contagious Nature of Cholera.

Resolved: That this Association recommend to its members, and the Profession generally, frequent *Post-Mortem* Examinations, as a means of dispelling public prejudice, and affording valuable contributions to "Pathological Anatomy."

Resolved: That the Proceedings of this Meeting be published in the North Western Med. and Surg. Journal, and the Chicago and Fox-River papers.

On Motion: The Association adjourned to meet at the "Howard House," in St. Charles, Kane Co., Ill., on the fifth of March next. A numerous attendance on the part of the Profession is solicited.

A. DANFORTH, M.D., Sec'y.

Part 2.—Reviews and Notices of New Works.

ARTICLE I.

Proceedings of the North American Pomological Convention held at Syracuse, Sept. 14th, 1849: page 64. 8 vo.

We are indebted to our friend Dr. J. A. Kennicott of The Grove, Cook Co., Ills., President of the Convention, for the Pamphlet whose title stands at the head of this article. And what has it to do with Medicine and Surgery? we fancy we hear our readers ask. Can a Convention for promoting the improvement and scientific culture of fruit be of any interest to Medical men? We answer, yes; for fruits are among the most common articles of diet in the great length and breadth of our country, and consequently cannot fail to have an important Hygienic or Morbific influence in preventing, producing and modifying disease. And as their influence to a great extent depends upon their quality, all men are interested in promoting improvements in fruits. And this leads us to remark that the influence of fruits as articles of luxury and diet is too much neglected by our Profession. It has been too much the habit of Physicians to condemn them by wholesale and exclude them altogether from their dietetic prescriptions. So far from being objectionable in the treatment of many diseases, and especially during the period of convalescence, we believe good sound ripe apples, peaches, pears, plumbs, cherries, grapes and other wholesome fruits are often of the greatest utility. They furnish in the most agreeable form for administration vegetable acids, in cases where they are indicated, and prove efficient in regulating the bowels where the

administration of directly cathartic remedies is inadmissible. We have found them especially applicable to the fulfilment of these indications in cases of indigestion and constipation.

We have read with much interest several of the reports, but especially that of the Chairman of the Committee for Illinois, by Dr. Kennicott. A copy of this should be in the hands of every farmer, gardener and physician in the country, as it gives many useful suggestions and a great amount of valuable information. The report commences with a description of the topography, soil and climate of Illinois, and treats of their influence on the growth of fruit trees. It next gives a history of the introduction of fruit trees, with statistics of the present state of their cultivation in the State. And afterwards considers the adaptation of different varieties of fruit to our country, and the advantages and difficulties that attend their successful cultivation. It closes with the following just remarks upon "the prophylactic and curative properties of ripe fruits."—

"It has long been known to a few observing men, and now and then a writer has glanced at the fact,—that fruits in season possess remedial virtues. Ripe grapes have cured epidemic dysentery. In vine countries, they speak familiarly of the "grape cure." Physicians have occasionally ventured to recommend the use of "cooling acid fruits;" and the earliest writers have directed the sugary ones, as "figs," for food in convalescence. But it is known to all that many are prejudiced against fruits, and consider them as very questionable *luxuries* at the best. And it must be admitted that they have often proved mischievous, *especially when immature*, and taken by stealth, or in too large quantities, when but occasionally accessible.

Thus, in 99 cases out of every hundred, it will be found that the *abuse*, and not the free use of fruits, has produced the mischief. Good fruits are always grateful,—even to the sickly or palled appetite—and in the young, and the healthy, its promising appearance, or its delicious aroma, often excites the most ungovernable appetite, and they gorge themselves—and suffer therefrom—no worse than from a surfeit of fish,

flesh, or vegetables, perhaps—but still enough to aid in perpetuating the vulgar error, that the unrestricted use of fruits is dangerous. Who ever heard of the children of men who provide seasonable fruits in abundance,—and permit their habitual use,—eating too much? or becoming sick therefrom? I never did. I have had a little experience in this matter, and I have taken pains to collect information, and I *know* that the families where fruit is most plentiful, and good, and most highly prized, as an article of DAILY FOOD---are most free from disease of all kinds, and more especially from *fevers* and "*bowel complaints.*"

I have theories to account for this---but I love not theorizing---and will not inflict my crude notions on you at this time ---I merely state the grave facts, and defy contradiction. I may add, however, that most fruits aid digestion---some directly---some indirectly by restraining the appetite for more gross and stimulating food and condiments---by keeping the "bowels soluble"---in other words acting as mild "laxatives," &c., &c. The juicy ones act as "dilutants," and all as "*diuretics*"---the free acids neutralizing or rendering soluable the earthy matters in the blood, and carrying them off rapidly through the natural channels.

All this you can understand and appreciate. But let us glance at another phase of this universal remedy. It is the best, the cheapest, and the least exceptionable cure for INTEMPERANCE. It not only lessens the desire for alcoholic drinks, but supplies their place, and removes their effects.

EVE was tempted by an "APPLE." A good God has given US the object of "the primal sin," as a great blessing. If disease and death came from the eating of "the forbidden fruit"---health and length of days may be found in the assiduous cultivation and regulated enjoyment of that from which the interdict of the Creator has been taken, and which His open hand has lavishly scattered over the face of this fair earth." E.

ARTICLE II.

A Conspectus of the Pharmacopœias of the London, Edinburgh, and Dublin Colleges of Physicians, and of the United States Pharmacopœia; being a Practical Compendium of Materia Medica and Pharmacy—By ANTHONY TODD THOMSON, M.D. F.L.S., Fellow of the Royal College of Physicians, Professor of Materia Medica and Therapeutics in Univ. Coll. London, etc., etc., Edited by CHARLES A. LEE, Professor of General Pathology and Mat. Med. in Geneva Medical College. Samuel S. Wood, New-York: pp. 300: 16 mo: (From the Publisher. For sale by Jos. Keen, & Bro., Chicago, Ill.)

This is a small book with a large title; and constitutes a very convenient compend for reference as to the origin, use, properties, dose, toxicological effects, etc., etc., of the various articles of the Materia Medica. We recommend it as such to those of our readers who are not already in possession of it.

M.

Part 3.—Selections.

ARTICLE I.

Abscess in the Substance of the Brain; the Lateral Ventricles opened by an Operation. By Wm. Detmold, M.D., of New York.

Francis Miller, ætat. 40, of a rather phlegmatic temperament, a well developed head, and good constitution, a native of Germany, was, on the morning of the 14th of July, 1849, at work in a machine shop, when a derrick broke down, and a piece of the machinery struck him with great force on the os frontis. The force of the blow may be estimated from the fact that the same piece which struck Miller killed two men, besides severely injuring some others, who were all at work underneath.

Miller was carried home insensible, and was first seen by two medical men, whose names I have not ascertained, and who ordered cold applications. My friend Dr. Miller was called in, in the evening, and found the patient fully recovered from his insensibility, the wound and the parts around much swollen, the conjunctiva of the left eye much congested. There being no very urgent symptons, and the swelling precluding a minute examination of the wound, Dr. Miller ordered the cold fomentations to be continued; bled the patient freely, and prescribed a solution of the nitrate of potash, and a strictly antiphlogistic regimen. Under this treatment, the patient got along very well; the wound yielded a healthy pus, and the swelling gradurally went down. About the third week after the injury, a bloody diarrhœa came on, the patient having had an attack of dysentery before the accident occurred. This relapse yielded readily to proper treatment.

On the 8th of August, Dr. Miller discovered a loose piece of bone in the wound, which he removed, and which measured in its longest diameter, which was the transverse one, a full inch, and in its short diameter one-third of an inch; the piece consisted of the entire thickness of the frontal bone,

which was remarkably thin. After the removal of the first piece, Dr. Miller, upon careful examination, found another piece of bone loose, but was unable to remove it without dilating the wound. Fearing that this piece of bone, if left in its position, might lead to trouble, he requested me to see the patient the following day with him.

On the 9th of August, I saw the patient for the first time; I found a small suppurating wound on the left side of the os frontis, about three inches above the supra-orbitar margin, and about midway between the linea semicircularis and the median line of the os frontis. The patient was lying in bed, with slight symptoms of pressure on the brain. He was in a state of apathy rather than of stupor; he could easily be roused, and answered all questions promptly; his pulse natural, about 75 per minute, without any farther morbid symptoms. I found the loose piece of bone, which Dr. Miller had described to me, at the upper edge of the wound, in which the denuded dura mater could be felt pulsating. I dilated the wound upwards, and discovered the piece of bone in question was only a few lines in circumference, but that the fracture extended farther in the inner table of the bone than the outer, which was perfectly firm. With a strong forceps, and making horzontal traction, so as to avoid pressure and perhaps laceration of the dura mater by the inner edge of the bone, I succeeded with a slight effort in disengaging the piece, which measured nearly a square inch of the tabula interna.—During the enlarging of the external wound, the patient exhibited great sensitiveness, and immediately after the removal of the piece of bone, he brightened up, and professed himself decidedly relieved. Upon further examination with the finger, I did not discover any more loose bone; and, the patient declaring himself so decidedly better, and very averse to farther interference, which indeed at the time did not appear to be called for, cold applications and strictly antiphlogistic regimen were ordered, and I left the patient again under charge of my friend Dr. Miller, with the remark that I feared more trouble.

In a few days, fresh and healthy granulations sprung up in the wound, which in about a fortnight was entirely closed, and the patient went about again apparently well, and without complaining of anything.

On the morning of the 13th of September, nearly nine weeks after the accident, and about five weeks after the removal of

the above mentioned pieces of bone, Dr. Miller called on me again, and stated that the patient had, on the day previous, complained of headache, and had become drowsy. He had seen the patient just before he called on me, about nine o'clock in the morning, and had found him in a stupor, from which however, he could be roused, and, when requested to show his tongue, would readily put it out; pulse 60 in the minute. As I had to operate for stone in the bladder at one o'clock, P. M., I invited Dr. Miller to be present, immediately after which, I promised to see his patient. I invited all the gentlemen who witnessed the operation for stone, also to see this case. Prof. S. H. Dickson, Dr. Carnochan, Dr. Miller, Dr. Schirmer, Dr. Wilhelm, Dr. Michælis, Dr. Meyer, and several others whose names I do not at present recollect, besides some ten or twelve medical students, accompanied me to witness the following operation. It was about two o'clock before all the above gentlemen reached the house, which was at a distant part of the city.

We found things much changed for the worse, since Dr. Miller had seen the patient in the morning. The patient was now in a profound stupor, from which nothing could rouse him, lying motionless, but neither paralyzed nor convulsed; breathing stertorous; pulse 40 in a minute, and occasionally intermitting; pupils immovable. In the place of the original wound, we found a deep adhering cicatrix, which communicated to the finger distinctly the pulsation of the brain.

There was evidently no time to be lost; but we had first to overcome the most obstinate resistance on the part of the family and friends of the patient. Considering him hopeless and dying, they were unwilling to have his last moments disturbed. As I afterwards learned, nothing but the large number of doctors present induced them to yield. We labored under the disadvantage of not having things as well prepared as we could have wished, for, fearing the opposition might gain strength, we lost but little time in preparations. Thus, we had decidedly bad and insufficient light, and I do not know whether I should have been able to succeed, had I not been ingeniously aided by Prof. Dickson, who, by means of a looking-glass threw a full reflected light upon the field of operation.

The time which had elapsed since the accident, in addition to the fact that the patient had been about until lately, although according to his wife's account, he had not been so

lively since the accident, left, under the present symptoms, very little doubt as to the nature of the case. I anticipated an abscess, and even thought that I felt fluctuations under the adhering scar. I stated this before commencing the operation, but admitted that I was not positive, being aware that the tense dura mater, with the brain underneath, might deceive me.

I commenced by surrounding the adhering cicatrix with an incision, so as to leave that at first untouched, and then made several incisions in different directions, in search for fractured bone. In the upward direction, where I had on the former occasion removed the piece of bone, I found the skull firm; but the fracture extended inward toward the median line, downward towards the supra-orbitar ridge, and outward towards the semicircular ridge; so that the original wound, and the first deficiency of bone, formed the upper and middle point of the entire wound. By carefully carrying on the incisions, as far as I could readily with my finger separate the pericranium from the bone I successfully removed three large pieces of bone, which, including some small splinters, and the two pieces removed before, made an opening into the left half of the os frontis which measured about five square inches. The opening extended to within half an inch of the supra-orbitar margin; and the outer piece had formed part of the linea semicircularis. All the pieces showed strong marks of absorption, the edges being rounded off, and the surface uneven and porous. Professor Dickson expressed his fear that the supra-orbitar margin might be fractured, and the injury extend to the base of the skull—a fear which the final result proved to be but too well founded. But, as all the edges which surrounded this now large defect of bone were apparently firm and immovable, and as the pericranium everywhere strongly adhered to the bone, I concluded that I had removed all the fragments, although the condition of the patient was not in the slightest degree improved. By the lateral incision, I had divided the temporal artery, and allowed it to bleed freely, but it made no impression on the patient. It was remarkable, and I looked upon the fact as a favorable sign, that, notwithstanding his profound stupor and general insensibility, the patient exhibited unmistakable signs of intense pain at every incision through the integuments. After having cleared the wound of blood, the dura mater appeared, throughout the whole extent of the

wound, in a natural condition, with the exception of the adhering cicatrix, which had been left as a small island in the upper part of the wound. Finding that the removal of the fragments of bone had not changed the condition of the patient, and also finding all the bony limits of the defect firm and without any depression, I proceeded to dissect off the adhering cicatrix, removing with it the dura mater to the same extent, as the cicatrix was adhering to it, and brought the brain itself into view, covered with the pia mater, which appeared thickened. I then introduced a probe under the dura mater, and passed it around the whole opening between the dura and pia mater, to ascertain whether anything morbid could be found there; but the probe passed freely round, being plainly visible through the transparent membrane. I now felt again with great anxiety, for the fluctuation which I thought I had detected before commencing the operation; but the removal of such a large portion of bone, and the opening of the dura mater itself, had taken away all tension, and I did not discover any fluctuation. Confident, however, that an abscess in some part of the brain was the cause of the present condition of the patient, and equally certain that, unless speedy relief was given, he must inevitably sink within a few hours, I determined to make an incision into the brain; and, in the hope that my first impression about the fluctuation had been correct, and that, as I stated above, the removal of the tension had rendered the fluctuation indistinct again, I chose this place, where the brain was now already denuded of dura mater, and made an incision into the substance of the brain, about one inch in length and about half an inch in depth, which was followed instantaneously by a thick stream of healthy looking pus; further discharge was then favored by gentle pressure on the dura mater, and by proper position of the head. I regret that, at the time, no means were taken to ascertain the exact quantity of matter discharged; but the circumstances, and the uncertainty of finding the matter, will easily account for that omission. The quantity was afterwards variously estimated as high as five ounces, while the lowest estimate exceeded two ounces. The effect of the discharge was almost magical; for the patient immediately opened his eyes, put out his tongue when requested, and answered distinctly that he felt better, the pulse rose immediately to above 60 per minute. The wound was covered with

warm water dressing, and the head placed as much as possible in a position to facilitate the discharge. Absolute rest and water gruel were recommended.

The patient passed a quiet night, enjoying sound sleep; and awoke, comfortable and refreshed, next morning. The wound continued to discharge freely, and, in a few days, all the incisions healed, leaving merely an opening to the extent to which the original scar, with the corresponding portion of dura mater, had been removed. A probe introduced into the opening passed into a cavity of about three inches in diameter, extending nearly towards the median line. On account of a tendency of the opening to close, and cause the cavity to fill again with matter, a small tent of lint was introduced, and the warm water dressing continued. The patient was in every respect doing well; sat up in bed at every dressing of the wound; conversed freely; was cheerful; and had a good appetite. Therefore, no father interference, with the exception of a simple enema every third day, was deemed necessary: and, taking into consideration the length of time which had elapsed since the accident; the comparatively slight suffering of the patient while carrying about this collection of matter; the immediate and complete relief which the opening and discharge of the abscess had given him—together with the fact that the anterior lobe of the brain was the seat of the injury—I was sanguine in my prognosis, in spite of my friend Professor Dickson, who took a different view of the case.

About the tenth day after the operation, the brain began to protrude where it was exposed, and, on the twelfth day, the hernia cerebri had reached the size of a large walnut. As the discharge from the abscess had considerably diminished, I determined to apply moderate pressure, which was effected in the following manner: I covered the protruding portion of the brain with lint, over which I applied thick compresses, which were held firmly down by broad strips of muslin, glued to the shaved head with collodion. The patient bore this amount of pressure well, and the discharge found its way through the dressing. Three days after, I removed the dressing, and found that the hernia cerebri had receded to a level with the integuments, showing a rosy and granulating surface. The wound was now covered with a large and rather a heavy warm poultice, which was kept in place by an elastic nightcap, making still a slight pressure; and the danger from hernia cerebri seemed to be past. The exposed part of the brain began to cicatrize, and the patient

was able to leave his bed about the eighteenth day after the opening of the abscess. Still, there was a small opening, which allowed the probe to pass into a cavity in the anterior lobe of the brain; this cavity did not seem to show any inclination to fill up entirely, although the whole place where the bone was removed was deeply drawn in.

About three weeks after the operation, although the patient was out of bed the greater part of the time, and, to the inquiry how he felt, answered generally, "first rate," he began to lose his memory. This amnesia increased rapidly; so that, in a few days, he did not recollect either his own name or the names of his wife or children. When asked the name of his wife, he frequently answered Catherine, the name of his long deceased mother; but when assisted by giving him the first two syllables "E-li," he smilled, and readily answered Elizabeth. He recognized me, but did not recollect my name or my business. When I asked him whether I was a blacksmith or a shoemaker, or the like, he smiled, and said "No." When I asked whether I was the doctor, he replied "Yes, the doctor." He would frequently, when asked a question, instead of answering, simply repeat the two or three last words of the question. It was remarkable to observe the attempt to recollect things, which he would generally give up with a desponding shake of the head. Although he seemed to have forgotten all names, he recognized and recollected the name and value of money. Occasionally, however, he would call a dollar, hundred cents, as though the word dollar had escaped his memory; yet he remembered the value, and substituted that,—a train of ideas which appears hardly compatible with such a complete loss of memory. A strange fact occurred about this time, of which, however, I was not an eye-witness. It was commnnicated to me by Dr. Miller.—The weather getting cold, a stove was put up in the room; and he tried to explain to his brother that he had something at the workshop which he wished to be brought home; but he did not recollect the name of the thing. He then took a piece of chalk, and tried to make himself understood by drawing the object. He at last succeeded in drawing a shovel, and, while thus engaged, he suddenly recollected the word, and described accurately the place where they would find it in the shop. At first, he wrote his name with comparative ease, although, when asked, he did not recollect it; soon after, when asked again to write it, he attempted it, but did

not succeed, although the letters were told him. He was also able at first to read, but soon lost that accomplishment, though not entirely, for, on days when he was brightest, he would still be able to read a few words. After having been asked several questions, and attempted to recollect things, his countenance assumed an expression of deep distress, evidently the result of mental fatigue, combined with the painful consciousness of loss of memory. His mental faculties were not always equal, but varied from day to day; they were always brightest immediately after the dressing of the wound and the emptying of the abscess.

He continued in this condition till the 18th of October.—The place where the bone had been removed had sunk in considerably, encouraging me in the hope that the cavity might close by the walls being thus brought close together: but about that time the place again began to become more prominent; the skin felt hot, and was red; the patient was unwilling to leave his bed, and had an attack which, according to his wife's description, must have been something like a convulsive tremor; he also complained of headache. On the 22d of October, the parts had become very prominent, and the patient was in a condition approaching to stupor. As the probe could not be passed to the same depth as formerly, I concluded that the opening of the cavity had closed, and that a new accumulation of matter had taken place. I therefore made another incision through the integument into the brain, to the depth of one and a quarter inch, but without finding any pus. On this occasion, Professor Dickson and Granville S. Pattison were present. There being no very urgent symptoms, these gentlemen agreed with me that it would not be prudent, for the present, to risk cutting deeper, as the incision which I had made must have come very near the abscess, and as the matter might probably discharge spontaneously into the incision. But I was much astonished to find the patient, the next day, much better. His memory even was brighter than it had been for several days before this last incision, and the protrusion had sunk in, although, upon the closest examination, I could not discover that any matter had been discharged. On introducing the probe, it passed, to my utter astonishment, to a depth of four and a half inches into the brain, taking the direction of the lateral sinus, into which, evidently, the abscess had opened.—Several medical men, among whom I may mention Dr. Gur-

don Buck, Dr. Reese, Dr. Ashbell Smith of Texas, saw me pass the probe to that distance into the brain, and coincided with me in opinion that it entered the lateral sinus. From that time, the patient again began to mend bodily; but he soon lost his memory entirely, though able to be part of the day out of bed. His appetite was good; he slept well; and did not complain. On the 26th of October, he had another rigor; he passed his urine involuntarily; vomited; and the outer walls of the cavity again commenced to protrude. On the 27th of October, he was speechless; but would nod his head when asked a question, and put out his tongue when requested. He evinced intense pain upon the slightest pressure of the abdomen. On the 28th, all these symptoms had increased; and it was evident that the scene was drawing to a close. I was, however, unwilling to give up the case without making one more effort; and, having come to the conviction that the present state was caused by an accumulation of matter in the lateral sinus, I determined to make an incision into the lateral sinus; although, even if I succeeded in relieving the brain, the effusion, which, from the tenderness of abdomen, I feared had taken place in the peritoneal cavity, must prove fatal.

About 12 o'clock, on the 28th of October, about sixteen weeks after the accident, and about seven weeks after I opened the first abscess, in presence of Dr. Dickson, Dr. Miller, Dr. Ayres, Dr. Michælis, Dr. Palmedo, and others, I made an incision through the most prominent part of the integuments, penetrating fully an inch and a half into the substance of the brain, which appeared unchanged; but no pus followed the incision, although I thought on withdrawing the knife, that its point was stained by pus. I then introduced a probe, which passed readily into the lateral sinus four and three-quarter inches deep; but, not finding any pus, I abandoned further interference. The patient having passed no urine in twenty-four hours, I introduced a catheter, but found the bladder empty. I now considered that I had gone as far as I could possibly justify; and we left the patient to his fate.—We had been gone scarcely five minutes, when matter began to flow freely from the wound; and the nurse caught about ℥ss of it in a glass. I went to see the patient again about 7 o'clock in the evening of the same day, and, just at the moment I entered the room, he calmly, and without a struggle breathed his last. I was, of course, anxious to make an ex-

amination, but gained, with the greatest difficulty, the permission from the friends to examine merely the head on the same evening. I called upon Prof. Dickson, Prof. Pattison, Dr. Bowen, and Dr. Miller; and, at my request, Prof. Pattison himself had the kindness to make the post-mortem, two hours after death.

After removing the upper part of the skull, all the edges of the fractured bone were found rounded off by absorption, the dura mater in a congested state, the substance of the brain exhibiting on a cut surface rather more and larger red spots than normal; and, upon cutting down to the ventricles, both lateral ventricles were filled with a thin pus, the right ventricle containing a larger quantity than the left, which had partly discharged its contents before death through the wound.—In the roof of the anterior corner of the left ventricle, a fresh incised wound was found, showing that I had, in the morning, carried my incision, as intended, into the ventricle. The uniting of the cut surfaces of the substance of the brain, immediately after the passage of the knife through it, had prevented the matter from being directly discharged. The septum pellucidum was broken down by suppuration. There was a deposit of lymph intermixed with pus upon the choroid plexus, and the same deposit could be traced through the third and fourth ventricle, making its appearance at the base. The supra-orbitar ridge was broken, and the whole left orbitar plate of the frontal bone was broken into small fragments. The abdomen was not opened.

The case has evidently many points of interest, as well to the surgeon as to the physiologist and phrenologist. I abstain from all remarks upon the case, as all I might say will readily suggest itself to the reader.—*Am. Jour. of Med. Sciences.*

ARTICLE II.

Trial of a Homœopathist for starving a patient to death.—The following singular account is from a London paper of the 10th ult. Mr. H. M. Wakley is, we believe, a son of the well known M. P., Coroner for one division of Middlesex, and proprietor of the *Lancet*.

Last evening, at five o'clock, Mr. H. M. Wakley, deputy-coroner for Middlesex, and a jury of inhabitants of St. Pancras, assembled for the third time at the Perseverance Tavern, William street, Hampstead Road, to conclude their inquiry concerning the death of Mr. Richard David Pearce, aged thirty-four, an upholsterer, late of No. 86, Mary street, alleged to have been starved to death, whilst under homœopathic treatment for cholera, adopted by his brother. Mr. Chas. Thomas Pearce, an unqualified homœopathic practitioner, residing at No. 3, Taunton Place, Regent's Park.

The accused was present throughout the proceedings, accompanied by Mr. Dowding, his solicitor, and the inquiry excited throughout the neighborhood a great deal of interest, especially among the medical profession. The following is is an epitome of the evidence:

Mrs. Jane Pearce, widow of the deceased, deposed that he was taken ill with diarrhœa and spasms of the stomach, on Saturday, the 8th ultimo. On Sunday morning, the 9th, Mr. Harris, surgeon, of Gower street, was sent for, and on arriving, pronounced deceased to be laboring under cholera.—Mr. Harris saw him three times that day, and gave him medicine, and Mr. Charles Thomas Pearce, the accused, came the same evening. When he came, he said he should take deceased under his own care, and she believed he dismissed Mr. Harris. He told her he had taken his brother out of Mr. Harris' hands, and he then gave him a powder, giving her strict injunctions not on any account to give deceased any thing to eat or drink excepting ice water and the medicines he sent. The deceased was under his treatment for ten days previous to his death, which took place on the 18th of September. During the whole of that period, Mr. Pearce, the accused, refused to allow him to have any thing to eat. Deceased continually craved for food, and when she

appealed to the brother about it, he said if she gave him food she would kill him, and therefore was afraid to do so. Deceased was continually crying for food, and complained that he was being starved to death. She sent for Mr. Davis, another surgeon, on the 17th, because her husband became much worse. She did give him some beef tea and some arrowroot, and the day before he died, some toast. He was sick more than three times. He did not get any better under his brother's treatment.

Mr. James Davis, surgeon, of Ampthill Square, deposed that he was called to see deceased on the evening of the 16th ult., and found him in a very low and exhausted condition, apparently for want of nourishment. Deceased was sensible, and told him he had been starved to death by the homœopathic system of medical treatment. He ordered him some brandy and water. and sent him medicine, and when he saw him on the following morning, the 18th he was dying. Could not say that he considered him laboring under cholera when he first saw deceased. On examining the body he found it much emaciated. The liver, kidneys, lungs, and right side of the heart were congested. The stomach was healthy, but all that was found in it was a small quantity of liquid matter of a brown color, which, on being tested, proved to contain a slight portion of arsenic. In witness' opinion the cause of deceased's death was exhaustion from want of food. Was informed that all deceased had had in shape of food was a little beef tea and some arrowroot. Considered such treatment enough to kill and exhaust any man.

The inquiry was ultimately adjourned till last evening, Mr. Harris, who first attended the deceased, being out of town; and on the re-assembling of the jury—

Mr. Harris was sworn---Finding that the brother of the deceased professed the doctrine of homœopathy, and that he wished deceased to be treated under that system, he told him he could not act in concert with him, and at his request he then gave the case of deceased over to him. He could not say that deceased died of Asiatic cholera. He had cholera when he (Mr. Harris) saw him, and he treated him for it. He did not give up the case because it was hopeless. Having heard the whole of the evidence read over, Mr. Harris said he certainly considered that deceased had not suffi-

cient food to sustain life. On the contrary, he (witness) ordered strong beef tea, arrowroot, brandy and water, and solids, if he could take them.

Mr. Dowding, on the part of the accused, proposed to call Drs. Epps, Kelsall, and other professors of the homœopathic system who were present, and who, he said, would prove that the treatment of the deceased was skilful and proper.

Dr. Kelsall was sworn—He said he was a professor of homœopathy and had formerly been a surgeon in the navy. He had had many cases of Asiatic cholera under his care, and he considered the treatment pursued by the accused proper. It was his firm conviction that it was highly improper to give food in cases of cholera. No food whatever should be given from the moment of attack until the patient is convalescent. He had patients under his own care without food for a longer period than the deceased, and he considered it certain death to give a patient any food whatever. To give a patient laboring under cholera arrowroot---you might as well give him saw-dust. He had one hundred patients under his care within the last two months, and he had lost only ten.

Mr. Dowding wished to call Dr. Epps to corroborate this statement, but the jury declined hearing him.

The Coroner, in summing up the evidence, said it was the opinion of the most eminent and educated in the medical profession that the system of homœopathy was a species of humbug and quackery, not founded on medical science. It had been proved that deceased had died from exhaustion from want of food, and the question was, by whose influence the food had been withheld. The Coroner then cited the judgments of Lord Lyndhurst and several other judges; showing that if a medical man, whether qualified or not, treated a person unskilfully, and death ensued, he was guilty of manslaughter.

After two hours deliberation, the jury returned a verdict of manslaughter against Charles Thomas Pearce, who was at once committed to Newgate on the Coroner's warrant.—*British American Journal.*

ARTICLE III.

Treatment of Scarlatina by Inunction.—By Dr. SCHNEEMAN. Translated by J. L. Milton, Esq.

[Dr. Schneeman, physician at the Hanoverian court, has published a work advocating a new mode of treating Scarlatina, which, he says, materially shortens the duration of the disease, and checks all infection at the end of the third or fourth day. Mr. Milton gives the following translation of those portions of the pamphlet which relate to treatment.]

From the first day of the illness, and as soon as we are certain as to its nature, the patient must be rubbed every morning and evening over the whole body with a piece of bacon, in such a manner that, with the exception of the face (?) and hairy scalp, a covering of fat is every where applied.—In order to make this rubbing-in somewhat easier, it is best to take a piece of bacon the size of the hand, choosing a part still armed with the rind, that we may have a firmer grasp. On the soft side of this piece, slits are to be made in various directions, in order to allow the oozing out of the fat: and this is still further promoted by placing the bacon, for some time previously to using it, near the stove—in the oven, or on the hob. But it is not proper to make the friction with a warm piece, and the fat must be allowed to cool before using it.—The rubbing must be most conscientiously performed, and, if considered necessary, the whole can be done under the bed-clothes. But such precaution as this is unnecessary; the children may safely get up. No injury will ever be done by it, and after once seeing it done, the mother or nurse soon learns to relieve the medical man of his task. Although this plan, from the mess it makes, is not calculated to find favor in the fine world—although it dirties bed and linen, as well as the persons of the children, yet the first few days of its application produce results which make all this forgotten, and inspire the mothers with enthusiasm for this method. With a rapidity bordering on magic, all, even the most painful symptoms of the disease are allayed; quiet, sleep, appetite, and good humor return, and there remains only the impa-

tience to quit the sick room. To obtain this, however, other things are necessary besides mere infriction with fat, but still I think myself bound to impute the most important share of the merit to this peculiar treatment of the skin. The truth of this assertion will appear from a citation of the first results which follow on the treatment indicated.

1. The improbability, I might say impossibility, of the patient getting cold, while the skin is thus covered with fat—a point in no disease more important than here; were this the sole benefit of the fatty infriction, it would still be of great service.

2. The dry brittleness of the skin, and the tormenting itching, are by it not only materially alleviated, but for the most part fully put a stop to. Every practitioner knows how often the itching and burning of the skin in scarlet fever are unendurable to children, keeping them constantly in distressing movement, and robbing them of sleep. Hence, children are generally well satisfied with this rubbing-in, and often ask for a repetition of the proceeding long before the time is come.

3. The influence on the physiological functions of the skin is still more important. During the coming-on of scarlet fever, the skin becomes diseased, in consequence of which it dies off. During this illness, and until a new covering is again prepared for the surface, the functions of the skin are naturally very faultily, or, during the desquamation, probably not at all, performed. In order to explain the extent and importance of the imperceptible functions of the skin, merely mechanically viewing the matter, I refer the reader to the accurate experiments of Seguin, which fix the quantity of matter thrown off from the outer skin at eleven grains per minute in a grown person, and therefore more than two pounds per day. What efforts must it cost the organism to lead so large a quantity into other paths, in order to throw it off when the skin is incapable of doing so! But the preservation of the whole being is the first and most important law, and however great the effort may be, the other organs must perform this function.

[I must here observe, that at first Dr. Schneeman thought—and indeed in this portion of his pamphlet, stated—that no desquamation takes place under this treatment, so that, in fact, the functions of the skin are maintained in full integrity. Later observation, however, convinced him that, with all pos-

sible care, desquamation to a certain extent will ensue. This he communicated to me, requesting me to insert it in the translation. To resume:]

4. With this disappearance of the desquamation disappear all those bad symptoms which attend on it. This feature alone of this method of treatment will have its weight with the practitioner in all ages. In order now to give a striking proof of the importance and the bad influence which the interrupted functions of the skin produce on the healthy activity of relative, even if distant organs, I may cite the fact, that death is always the result where more than one half of the skin has been destroyed by fire or boiling liquid. Sooner or later such is the case. A similar destruction of the skin ensues in scarlet fever, with this difference, that it takes place gradually, and thereby the organism is better enabled, by employing all the activity of the body, to find aid against the mischief which, to the injury of the patient, must result from the cessation of the functions of the skin.

5. The oxidation of the blood is thus considerably promoted, the interrupting of which is the cause of such serious phenomena. As the disease of the throat is not improbably in great part due to the interruption of the functions of the and lungs, it must naturally disappear, or not present itself, where these are continued in integrity; and such is found in practice to be the case.

6. Owing to the fatty covering, the skin is kept in a moist state, and the cuticle thrown off cannot be driven about the room by currents of air, as happens where the patient has been kept dry: and thus one fertile source of infection is kept closed up, it being well known that infection is most easily communicated at the period of desquamation. The author believes, not only that such is the case, but also that by this method the danger of infection under any circumstances is materially lessened with the disappearance of the eruption from the skin; inasmuch as the process of generating infectious material is interrupted by restoring the skin to its normal state, a point of which he need not point out the importance.

7. By shortening the period of desquamation, and protecting the patient against the sequela of the disease, the duration and treatment of this can be shortened to a period of six to ten days—an immense advantage to the patient and his relatives, particularly as he is always liable to relapses, and is, even in mild cases considerably weakened.

8. The remedy is (cheap), harmless, practical, and is perhaps never counter-indicated.

The linen must not be too frequently changed, as a clean shirt takes up more of the fatty matter than one already saturated, and hence the skin is sooner deprived of its fatty covering. The rubbing-in is to be kept up twice a day for three weeks, and once a day during the fourth. The patient is, after this, to be daily washed with cold water and soap, and then only is the warm bath to be commenced. This process does not, as has been argued in some colleges, interfere with the natural course of the malady, and thus expose the individual to second and third attacks. In severe cases, the remedy may be repeated three or four times within the twenty-four hours. The main point is to keep the skin *always* cool and moist; and here, even with all possible precaution, the skin will sometimes come off in certain places. But cases of this kind are only unimportant. The practitioner will do well to fix the exact hour at which the rubbing-in is to take place; it will then most probably be better and more regularly performed.—*London Lancet.*

Part 4.—Editorial.

ARTICLE I.

AMERICAN MEDICAL ASSOCIATION—THIRD ANNUAL MEETING.

In consequence of a delay, up to the present time, in the distribution of the Transactions of the second meeting of the Association, held at Boston in the month of May, 1849, the *Standing Committee of Arrangements*, appointed at that time, deem it expedient to give public notice, through the medical periodical press, that the next meeting will be held in Cincinnati, on Thursday, the 7th of May, ensuing; and, at the same time, they wish to make known to the physicians, who reside in portions of the United States from which few or no delegates have yet been sent, the terms of membership. This they will do, by copying a part of the second article of the Constitution:

"*The Delegates* shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institution of good standing, in the United States.—Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the association.

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or munincipal hospital containing a hundred inmates or more, shall have the privilege of send-

ing two delegates; and every other permanently organized medical institution of good standing, shall have the privilege of sending one delegate.

"*The Members by Invitation* shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the association until the close of the annual session at which they are received; and shall be entitled to participate in all its affairs, as in the case of delegates.

"*The Permanent Members* shall consist of all those who have served in the capacity of delegates, and such other members as may receive the appointment by unanimous vote.

"Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the association, so long as they shall continue to conform to its regulations, but without the right of voting; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation."

The Committee desire, still farther, to give notice that it is their duty to receive and present the reports of any of the standing Committees, whose members cannot attend the meeting; and all communications on scientific subjects, which gentlemen, not members of the Association, may desire to lay before it.

It is, likewise, their duty to examine the credentials of delegates and register their names, which it is desirable should, as far as possible, be done before the meeting of the Association, for which purpose the Committee will meet on the preceeding day.

In conclusion, the Committee indulge the hope, that this first meeting in the interior of the continent, will be well attended by its physicians, and all who cultivate the sciences

auxiliary to medicine; that no society, college or hospital will remain unrepresented; and that many distinguished physicians, not appointed as delegates, will attend and become members by a vote of the Association.

DANIEL DRAKE, M.D., *Chairman*

D. P. STRADER, M.D., *Secretary.*

Cincinnati, Jan. 31, 1850.

ARTICLE II.

NEW MEDICAL JOURNALS.

Transylvania Medical Journal—Edited by E. L. DUDLEY, M.D., Prof. of Gen. and Path., Anatomy and Physiology, under the supervision of the Transylvania Faculty of Medicine.

We have lately received, in exchange, the back numbers of this new candidate for favor at the hands of the Medical Public in the West, and welcome it to our list. Issuing from the oldest and one of the most respectable Medical Institutions in the West, it ought not fail to receive that liberal support that will enable its proprietors ably to sustain the enterprise.—We find many highly interesting articles in its pages, and shall gladly avail ourselves of the opportunity of enriching our pages by extracts from them, from time to time. It is published every other month, each number containing ninety-six pages, at three dollars per annum in advance.

The St. Louis Probe—Edited by A. J. COONS, M.D., and JOHN R. ATKINSON, M.D.

We have received in exchange two numbers of this work. The Probe is issued monthly, each number containing twen-

ty-four pages, at two dollars per annum, with a promise, that if sufficient patronage is given it, to justify the expense, it will be issued every two weeks at the same price.

We observe by the prospectus that it is to be "devoted to the dissemination of the latest Medical Intelligence, and to the investigation and exposure of the numerous errors and abuses which unhappily prevail in the Profession of Medicine."

We observe also, that the prospectus says:—

"While we shall not cater to the opinions of general readers, it shall be our purpose to insert such matter in the Probe as to render it interesting to that class; for we hold that the only way to protect the community from the impositions of charlatans and pretenders in medicine, is to lay before them information from which they may deduct rules that will enable them to detect imposture in whatever garb it may be presented to them."

Now while we welcome back to the editorial fraternity Dr. Coons, formerly one of the editors of the Missouri Medical Journal, and welcome Dr. Atkinson fresh into the field of labor, we cannot help pointing out what we conceive to be an objection to the plan they propose their work to pursue. We mean its attempted adaptation to the professional and the popular reader. We have no objection to "the investigation and exposure of the numerous errors and abuses" of the profession; nor to the publication of such matter as will enlighten public opinion in reference to the profession; but we do see serious objections to an attempt to improve the profession by a journal designed for popular circulation.

We submit whether it will be likely to promote the respectability, good standing, or usefulness of the profession to discuss in a popular paper, the errors and abuses that unhappily prevail in it, when from the very nature of those errors and abuses they will often necessarily be misunderstood by the public. Nor can we conceive how a Scientific Medical Journal, which shall be instructive and interesting to the Phy-

sician, can be made up of such matter, as to be interesting to the general reader. We opine our friends will find it necessary to apply their Probe exclusively, either to the professional or popular wounds. E.

ARTICLE III.

STATE MEDICAL CONVENTION.

We hope our readers in Illinois are alive to the importance of securing a large attendance at the first State Medical Convention ever held in the "Prairie State." It can scarcely be necessary to urge upon every one of our readers the propriety of making calculations to be present if possible. A failure to have an assemblage respectable in point of numbers, next June, may result in discouraging those who would take an active part in the matter, and thus retard an association so much needed, and one which, if properly conducted, would confer so many benefits on the profession.

It any thing effectual is to be done towards elevating the standard of professional attainment, the effort must proceed from a source entitled to the obedience and respect of every reputable physician in the State. If restraints are to be thrown around the ignorant and soulless charlatans who pilfer from the pockets, and trifle with the lives, of the unsophisticated, the movement must be made by the entire profession. If the bickerings and jealousies, which bring discredit and disgrace, upon us, by lowering us in the estimation of respectable communities, are to be adjusted by reference to a code of ethics, that code must be one formed by representatives of the whole Medical Fraternity. In brief, if any of the objects interesting and important to a liberal and learned profession are to be at-

tained, an effort in that behalf must be made by every right minded, intelligent physician. Reforms can only be accomplished by a concert of action; and hereafter we hope to hear no more complaint, from those who are too indolent or indifferent to lend their strength to the aid of those already at work in the good cause, that the onward progress of our profession is checked. We conclude then: let every physician in Illinois endeavor to make arrangements to meet his brethren at Springfield on the first Tuesday in June, to take council on matters of the highest importance to every member of the profession; and at least, let every organized society within the State send delegates who will be the exponents of the wishes and feelings of those whom they represent.

Of course these remarks will apply with as much force to any other State, as to Illinois. In Indiana, a State organization was effected last year, and we doubt not the ensuing meeting will be more largely attended, and productive of much good to the profession in that State. The next meeting will be held on the Third Wednesday in May.

In Wisconsin a State Society has been organized. Its time of meeting we do not know. We will endeavor to learn before our next number shall be issued. In Michigan we believe there are two State Associations. In Iowa, so far as we know, no organization has been effected. We hope our friends over there will move in the matter. M.

ARTICLE IV.

OUR JOURNAL.

As we close the present volume of our work, we ask indulgence for any failure to render it what it ought to be, we may have made; while we shall enter upon a new year, with re-

newed encouragement, as we are almost daily receiving accessions to our list of subscribers, and as our contributors have become so numerous and so liberal in their aid, that we feel strong in that support, that renders our work valuable.—Among other original matter, of a highly interesting character, already on hand, we have a complete history of the Medical Profession in the United States, from the first settlement of the Colonies, down to the present time, by Prof. Davis; sixteen pages of which will be inserted in each number of the next volume. We promise our readers in advance, that they will be highly gratified by the perusal of this history; while they acquire what every physician should have i. e. a knowledge of the profession and its great men in their own country, and which is no where else to be found collated.

We shall extend our article headed Miscellaneous Medical Intelligence, so as to give all the current news of a professional character, that we may deem interesting to our readers.—We also, have made arrangements by which the mechanical execution of our printing shall be improved.

That we may be able to extend the usefulness of our work, and improve it still farther, we ask our friends to aid us in extending its circulation. E.

ARTICLE V.

MISCELLANY.

After a suspension that has continued since the great fire in St. Louis, last spring, by which its publication office was destroyed, the St. Louis Medical and Surgical Journal is again issued. The only change we observe it to have undergone, is the insertion of the name of our friend, Prof. Jno. B. Johnson, as co-Editor, in the place of Prof. McDowell. We heartily welcome it back to our list of exchanges.

Rush Medical College.—At the recent commencement of this Institution held Feb. 7th, the Degree of Doctor of Medicine was conferred upon Forty-Four gentlemen, a list of whose names will appear in our next.

The two medical schools of St. Louis had each 110 students during the past session, making 220 in both, which is a larger number than heretofore. The advantages of St. Louis for giving medical instruction are beginning to be appreciated.

The editor of the Western Lancet thinks the ticket fees in the Medical College of Ohio, in which he is a Professor, might with propriety be reduced a little. We think so too; nor would it derogate in the least from the high reputation of the school for giving sound and thorough instruction.

S. Hanbury Smith, M.D., of Cincinnati, Ohio, has succeeded the late lamented Butterfield, both in the Chair of Practice in the Starling Medical College, and as Editor of the Ohio Medical and Surgical Journal.

American Medical Association.—Our friends will observe in a preceeding article, a notice of the Committee of arrangements of this Association, that gives them the conditions of membership, &c., &c.

We hope for the credit of the West, and the good of the profession in it, that all her Medical Societies and other Institutions entitled to representation, will send delegates to this great National Medical and Scientific festival.

The National Convention for revising the Pharmacopœia of of the United States, will commence its sittings at the city of Washington on the first day of May next. We hope that the importance of this Convention will not be overlooked. The various improvements in Chemistry and Pharmacy render it necessary that the Pharmacopœia should be so modified as to form a true exponent of the present condition of Pharmaceutical Science.

ARTICLE VI.

TO SUBSCRIBERS.

With the last number of the Journal, we sent the bills of our delinquent subscribers, many of which must have been lost out by Post Masters, as we have not received any return from them. A few, however, went safely, and we most cordially return our thanks to our friends, who have thus promptly responded to the call that necessity forced us to make. Their names will be found on the cover. And if any this number, do not find an acknowledgment of it in the list, who remitted in time for it to have arrived before the issue of they should notify us through the Post Master. But we trust that our friends who have not remitted their dues, will do it at once. Certainly, publishing at a price barely sufficient to pay the printer, and having complied faithfully, with our part of the contract, makes that that is due us our property, and gives us a right to claim it.

☞ Those who pay their dues, before the issue of the next number, can pay for this Volume with Two Dollars; but if delayed until after that time, we shall invariably claim the additional Dollar as the only means of justifying ourselves in continuing the publication. And we assure our friends, we would prefer to receive the Two Dollars now, rather than Three, at a future period.

If any of our subscribers wish to discontinue the work, they will please notify us through the Post Master, or *post-paid*, before the issue of the next number, as we do not discontinue except at the close of the Volume. It is exceedingly unfair to allow us to send the first number of a volume, and then refuse to take it out; for it spoils the number, and unless the Post Master marks it *returned*, it costs us postage.

All letters must hereafter be *post paid*, or they will not be taken out of the office. Those sending unpaid letters therefore, may know why they do not receive attention.

NOTICE TO READERS AND CORRESPONDENTS.

We have received Original Communications from Drs. R. Willard, I. E. Thayer, C. A. Huthwell, N. Steel, and E. D. Chambers, and an Obituary Notice of Dr. Pratt, of Ottawa, by Dr. Howland, which was designed for insertion in this number, but was unavoidably crowded out. It shall appear in our next. Also, an anonymous communication, which we decline publishing, until the author's name is furnished us.

Our friend Dr. Buckner, has shown us a pamphlet by Dr. Latta, on the report of the Homœopathic Physicians, of Cincinnati, and that of their packed Committee appointed to examine the charges made against them, in the Methodist Expositor, which we published in a former number of this Journal.

The pamphlet exposes in a manner not to be misunderstood or gainsaid, the miserable trickery to which these quacks resort, for the purpose of bolstering up their system of empiricism. We will, in the next number, lay before our readers a synopsis of this controversy.

Our thanks are due Messrs. Tilden & Co., of New York, for a package of very handsomely put up Medicinal Extracts. If their quality should equal their appearance, they may certainly be pronounced superior to any thing of the kind we have yet seen. Should they stand the test to which they are now being subjected, we will most cheerfully recommend them to the patronage of Physicians and Apothecaries. Any improvement in Pharmaceutical Preparations is a service done both to the profession and community.

In publishing the Proceedings of the Ottawa Medical Society, in our last No., the name of the Secretary elect, was printed *D. D. Morrison:* it should have been D. D. Thompson. The error was made by the proof-reader. In the present No. a vexatious mistake occurs. The pages from 525 to 541, are numbered incorrectly. The error was not detected until the entire edition was worked off.

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